

Division of Substance Abuse and Mental Health

Division Requirements Fiscal Year 2007

March 2006

Table of Contents

Topic	Page
Governance and Oversight/Financial Requirements	3
Mental Health Requirements	4
Fundamental Components of Recovery	5
Substance Abuse Requirements	8
Summary of Data and Outcome Reporting Requirements for fiscal year 2007	10
Cost Reimbursement for Data and Outcome Reporting Requirements	11
Data and Outcome Reporting Schedule and Deadlines	12
Adult and Youth Consumer Satisfaction Survey	
Methods MHSIP	13
Methods YSS / YSSF	14
Adult and Youth Outcome Measure Reporting Requirements	
Methods and Background GWBPLUS Time 1 and Time 2	15
OQ- AHS - Adult Outcome Measures	18
Methods and Background YOQ® 30.1	19
OQ- AHS – Youth Outcome Instruments	21
Substance Abuse Prevention Data Reporting Requirements	22
Data /File Naming Convention and Standards	23
Mental Health Service Codes and Data Definitions	28
Mental Health Dataset (MHE) and File Format for FY07	41
Substance Abuse Treatment Episode Data Set (TEDS)	
File Format and Definitions	50
Standard Header File Format for All Outcome/Client Satisfaction Submissions	71
GWBPLUS Time 1 Submission Format	72
GWBPLUS Time 2 Submission Format	73
YOQ® 30.1 Submission Format	74
Substance Abuse Prevention Reporting Spreadsheet / Format	76
Other Documents Available Upon Request or on DSAMH Web Site	77

Governance and Oversight/Financial Requirements:

1. All Mental Health Local Authorities will submit a revenue and expenditure report to the Division by April 30th of each year. The report will reflect the previous years actual revenues and expenditures.
2. All Substance Abuse Local Authorities are required, by contract, to enter data into a year-end report by August 31st of each year. The Local Authority will be required to submit expenditures in the following categories: universal services (primary), selected services (targeted), indicated services (early intervention), and treatment services.

Mental Health Requirements:

1. Mental Health Block Grant funds are only expended for non-Medicaid eligible services and cannot be used for purchasing the following: inpatient services, purchasing or improving land, construction or remodeling facilities, purchasing major medical equipment, or as a match for federal funds. (Public Health Services Act (42 USC 300x-1) (Section 1916)
2. Keeping in mind the Hope and Recovery model as the Division priority, the 10 Fundamental Components of Recovery will be assessed during the monitoring visits. Attached is a copy of the 10 Components and their definitions. After each definition are examples of items which the monitor may use to evaluate the component. The intent of the Component monitoring for FY07 will be to assess and establish a baseline for each LMHC in regards to progress toward a recovery model. The assessment will be used to identify technical assistance needs and recovery components that need to be emphasized in the FY08 monitoring visits.

Mental Health

The 10 Fundamental Components of Recovery

Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. *By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.*

1. Recovery/Treatment Plans reflect consumer voice.
2. Recovery/Treatment Plans are written in consumer-friendly language.
3. Assessments and notes reflect consumer strengths and abilities for independence and autonomous life-decision making.
4. Consumers can choose and change the providers with whom they work.

Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

1. Recovery/Treatment plans are created with the consumer/family and contain individualized steps that lead toward the attainment of the consumer's personal goals.
2. The agency is able to offer or make referral to, specific services and programs for people with different cultures, life experiences, interest, and needs.

Empowerment: Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

1. Documentation and clinical staffing indicate consumer is actively engaged in his/her care and personal decision-making.
2. Consumers have access to all their treatment records.
3. Families/consumers are able to participate in the monitoring process to provide feedback regarding the strengths and/or weakness of the treatment process (or system).

Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

1. Assessments are multidimensional and look at all facets of the consumer life.
2. Treatment/Recovery Planning includes areas beyond Axis I diagnoses.

3. Every effort is made to involve significant others (spouse, friend, family) and other natural supports (clergy, neighbors, landlords) in the planning of a person's services, if the consumer so desires.
4. Collaboration with others allows for a broader spectrum of options to explore for successful recovery of consumer.

Non-Linear: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

1. Progress towards goals is monitored on a regular basis and recovery/treatment plans reflect current needs within the context of a long-term plan.
2. Set backs in the treatment process are not punished and are not described as “non-compliant” behavior, but rather as part of a non-linear process.
3. Recovery/Treatment plans identify completion dates of resolved/revised goals.

Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

1. Assessments and treatment planning are jointly developed (provider and consumer) and include information and steps toward building a life that is both positive and possible.
2. Collaboration with other agencies and consumer natural supports are utilized to assist in identifying strengths and to ensure optimum recovery.

Peer Support: Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

1. Persons in recovery are involved at all levels of the agency (policy, treatment, program development, outcomes and accountability).
2. The agency actively attempts to link consumers with other persons in recovery who can serve as role models or mentors.
3. The agency hires persons in recovery in positions for which they are qualified.

Respect: Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

1. Persons in recovery participate in agency trainings and community educational activities.
2. The agency hires persons in recovery in positions for which they are qualified.
3. Staff help consumers build connections with their neighborhoods and communities.
4. Staff do not use threats, bribes or other forms of coercion to influence a consumer's behavior/choices.

5. Families and/or consumers' feedback is requested in identifying strengths and weaknesses of all levels of the mental health system.

Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

1. Consumers are supported in the identification and support of leisure interests and activities.
2. Families/natural supports are involved in the recovery process and are identified as an important role in the success of treatment.

Hope: Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

1. Criteria for discharge (from programs and the agency) are clearly defined and discussed with consumers upon entrance to the agency or program.
2. Consumer is actively involved with natural supports and community resources and is participating in consumer-identified meaningful life roles.

Resources

www.samhsa.gov

Substance Abuse Requirements:

1. To complete the SAPT block grant application, States must project the number of clients that will be served in SFY 2007. DSAMH will require each Local Authority to provide the planned number of clients served in each level of the substance abuse continuum identified below for State Fiscal Year 2007 (July 1, 2006 –June 30, 2007) by August 30, 2006:

Substance Abuse Continuum of Treatment Service Areas

Detoxification (24 Hour Care)

- a. Hospital Inpatient
- b. Free- standing Residential

Rehabilitation / Residential

- a. Hospital Inpatient (Rehabilitation)
- b. Short-term (up to 30 days)
- c. Long-term (over 30 days)

Rehabilitation / Ambulatory

- a. Outpatient (Methadone)
- b. Outpatient (Non-Methadone)
- c. Intensive Outpatient
- d. Detoxification
- e. Other (e.g. Jail or other Correctional Facility)

Substance Abuse and Mental Health

Data Submission and Outcome Reporting Requirements for Fiscal Year 2007

March 2006

Summary of Data and Outcome Requirements

Fiscal Year 2007

- ?? Web based file submission and processing system (SAMHIS) will be available during the first quarter of fiscal year 2007.
- ?? SAMHIS will verify data compliance rules at file submission.
- ?? File naming standards will need to be used for file submission and re-submission.
- ?? Data not to exceed 5% unknown or none on TEDS and 10% for MHE (exceptions indicated in file format).
- ?? Data elements require a valid value at file processing (exceptions are indicated in file format)
- ?? Mental Health Client and Event file will be combined into one file (MHE file).
- ?? A unique client identifier (HLCI) will be applied by SAMHIS to all client records each time the same client receives service regardless of the provider or system (cross TEDS, MHE, Health and DHS).
- ?? Client First, Middle, and Last Name required for the MHE file. Middle Initial expanded on TEDS to include the full middle name.
- ?? SAMHIS Access Control policy, 42CFR staff agreements, and 42CFR local authority agreements will be in place prior to data submission. The fiscal year is the duration of our audit and evaluation. PHI collected and maintained during each fiscal year will be destroyed.
- ?? 'Enrolled in Education Program' required for MHE and TEDS. Additional outcome that can be measured independently from Employment Status.
- ?? A complete report of current treatment diagnoses and the date each diagnosis was added is required for Axis I and Axis II is required for MHE and TEDS. Diagnoses that are no longer valid (active) should not be reported. Diagnoses will be a focus during monitoring visits (compliance with client EMR, appropriateness of services, co-occurring disorders diagnosed as indicated in client EMR).
- ?? Atypical Medication Prescribed for schizophrenia patients (MHE only).
- ?? Tertiary Drug of Choice and Frequency of Use Tertiary required for the TEDS Discharge Data Set.
- ?? The NOMS definition for arrest data 'Number of Arrests' 30 days prior to admission and 30 days prior to discharge'.
- ?? New OQ Analyst Hosted Solution (OQ- AHS) outcome measures (OQ® 45.2, SOQ® 2.0, YOQ® 2.01, YOQ® 2.01SR) will be required at admission and every 30 days throughout the course of treatment. Continue with GWBPLUS and YOQ® 30.1 until implementation of OQ- AHS.

Cost Reimbursement for Data and Outcome Reporting Requirements

?? The Division will reimburse *Local Authorities up to \$10,000.00 for Substance Abuse and up to \$10,000.00 for Mental Health for costs incurred to comply with fiscal year 2007 data collection and reporting requirements, or to enhance in general, data collection and reporting capability. Hardware and commercial software packages are not reimbursable for Mental Health programs. These expenses can begin immediately and must be incurred by July 30th 2006 and submitted to DSAMH by September 1st 2006.

?? In addition, the Division will reimburse *Local Authorities up to an additional \$10,000.00 for Substance Abuse and up to an additional \$10,000.00 for Mental Health, who can successfully submit first quarter files within the first quarter reporting deadline or;

*Local Authorities who can successfully submit first quarter files within the second quarter reporting deadline, will be reimbursed up to an additional \$5,000.00 for Substance Abuse and \$5,000.00 for Mental Health.

Qualified expenses are costs incurred to enhance, in general, data collection and reporting capability. Hardware and commercial software packages are not reimbursable for Mental Health programs. Expenses must be incurred and submitted to DSAMH by March 1st 2007.

?? Costs associated with the implementation of the OQ Analyst Hosted System (OQ- AHS) and the licensing for the required outcome instruments will be covered by the Division. This includes software licensing, software customization, hosting services, licensing for the instruments, and training and support from the vendor.

*exceptions: \$60,000.00 maximum reimbursement for Valley Mental Health as a single provider and Salt Lake County Substance Abuse will receive up to an additional \$20,000.00 in reimbursements based on the first quarter requirement listed above.

¹Substance Abuse and Mental Health Data Reporting Deadlines

All ²information system and ³outcomes system data are to be submitted ⁴electronically according to the following schedule:

Reporting Period Deadline

	<u>TEDS</u>	<u>MHE</u>
Quarter 1 (July 1-September 30)	October 31	November 15
Quarter 2 (October 1-December 31)	January 31	February 15
Quarter 3 (January 31-March 31)	April 30	May 15
Quarter 4 (April 1-June 30)	July 31	August 15

¹Penalties for non-compliance are shown in the contract.

²Information system is the Mental Health and Substance Abuse Data Sets (TEDS and MHE)

³Outcomes system data are:

Adults:	³ GWBPLUS General Well Being (GWB) Brief Substance Abuse Scale (BSAS) ⁵ OQ [®] 45.2 – adult outcome measure (ages 18+) ⁵ SOQ [®] 2.0 – SPMI outcome instruments (self or clinician) ³ MHSIP Consumer Survey
Children/Youth:	³ YOQ [®] 30.1 ⁵ YOQ [®] 2.01 – youth outcome measure (ages 4-17) ⁵ YOQ [®] 2.01SR – youth outcome measure (ages 12-18) ⁵ YOQ [®] 30.1 – omni form youth outcome measure (ages 4-17) ⁵ YOQ [®] 30.1SR – omni form youth outcome measure (ages 12-18) Parents/ Youth ³ Youth Services Survey (MHSIP) Parents- YSS-F / Youth- YSS

⁴Electronic submissions must be made through the State of Utah Secure Email System (documentation and requirements for secure email can be obtained from <http://www.hsmh.utah.gov/>), or until the OQ Analyst system and/or the Division's web based file submission system 'SAMHIS', becomes available. ⁵OQ Measures instruments to be used upon availability of the OQ- Analyst Hosted Solution (OQ- AHS). For further information on the OQ- AHS project refer to the DSAMH web sites and click on OQ- AHS.

Adult and Youth Consumer Satisfaction Surveys

Methods - MHSIP

Introduction

The Mental Health Statistical Improvement Program (MHSIP) is a self-report consumer satisfaction survey for adults in mental health and/or substance abuse treatment. The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. Currently, Medicaid questions are included on the MHSIP in an effort to help the Department of Health track awareness of client rights. The survey consists of the following domains: general satisfaction, access to treatment, quality/appropriateness, participation in treatment, and outcomes. Each of the 28 questions has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree. A “not applicable” answer is also available.

Data Collection Procedures

The MHSIP is a paper/pencil survey, available in English and Spanish. The MHSIP is given as a point in time, convenience survey one time during the year. DSAMH prints the surveys and then delivers the surveys to the county/agency prior to their chosen dates of administration. The surveys are administered at the agency level for a four-week period of their choosing during the months of February, March and/or April. The agency may choose to overlap or separate the survey administration from that of the YSS/YSS-F. The surveys are given to adult substance abuse and/or mental health consumers when they present for treatment regardless of the modality of treatment or length of stay in treatment. Surveys are color coded so agency staff may distinguish between the different versions- MHSIP (white), MHSIP with Medicaid (blue), MHSIP Spanish (yellow), MHSIP Spanish with Medicaid (gray).

Scoring and Data Analysis

The survey forms are provided by DSAMH. Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page is retained by the agency prior to sending the survey to DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the centers.

METHODS – YSS/YSSF

Introduction

There are two parallel versions of the survey for youth in substance abuse and/or mental health treatment, one for youth (YSS) and one for the youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. The surveys consist of the following domains: satisfaction, access to services, participation in treatment, outcomes, cultural sensitivity, criminal justice contact, school attendance, social connectedness (YSS-F), and improved functioning (YSS-F). Each of the questions has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree.

Data Collection Procedures

The YSS and YSS-F are paper/pencil surveys, available in English and Spanish. The YSS and YSS-F are given as a point in time, convenience surveys one time during the year. DSAMH prints the surveys and then delivers the surveys to the county/agency prior to their chosen dates of administration. The surveys are administered at the agency level for a four-week period of their choosing during the months of February, March and/or April. The agency may choose to overlap or separate the survey administration from that of the MHSIP. The YSS survey is given to youth (ages 13-18) substance abuse and/or mental health consumers when they present for treatment regardless of the modality of treatment or length of stay in treatment. The YSS survey is given to the parent or caretaker of the youth consumer. Surveys are color coded so agency staff may distinguish between the different versions- YSS (beige), YSS Spanish (pink), YSS-F (green), YSS-F Spanish (lavender).

Scoring and Data Analysis

The survey forms are provided by DSAMH. Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page is retained by the agency prior to sending the survey to DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the centers.

Adult Outcomes

Methods and Background

The Consumer Self Assessment instrument is referred to as the GWBPLUS, which consists of three instruments and covers the domains of 1) measured symptom change (GWB), 2) measured substance abuse change (BSAS) and 3) the MHSIP Consumer Survey, consisting of consumer perceptions of outcomes, access, quality/appropriateness, participation in treatment decisions, and general satisfaction.

General Well-Being Schedule/Positive Mental Health Index (GWB)

Instrument Description and Characteristics

The GWB/PMHI, hereafter simply referred to as the GWB, focuses on symptoms and functioning. Harold Dupuy as part of a nationwide survey of health first developed it in the 1970s and health service needs. During the succeeding years it has been further developed and refined. It has had use in a large number of studies dealing with mental health need assessment and treatment outcomes.

In Utah, the GWB/PMHI has been used in statewide substance abuse need assessment studies to assist in identifying psychological distress and dysfunction and in both center and statewide mental health outcome studies. The fact that this instrument has been used in Utah and across the nation makes possible the use of normative or comparison groups. This will permit comparisons over time, between geographical sites, and between various types of community-based samples. In addition, use of this instrument will permit comparisons with previous statewide outcome studies completed in Utah.

The GWB is a 22-item instrument with items addressing the following areas: sense of general well-being, energy level, emotional/behavioral control, depressed/cheerful mood, tension/anxiety state and somatic distress or health worries. High scores indicate positive adjustment and low scores reflect perceived problems or psychological impairment.

This instrument is appropriate for use with adults and older adolescents and is applicable to most adult clinical and diagnostic groups. It covers the full range of functional adjustment from normal to severe impairment. It is less appropriate for populations whose psychopathology prevents them from responding to self report instruments or who may be experiencing severe reality distortion or gross mental disorganization.

Reliability: Good to excellent reliability figures have been reported. Internal consistency figures range between .87 - .95, test-retest figures over a three-month interval range between .69 - .85.

Validity: The instrument has been shown to clearly discriminate between mental health clients and normal populations samples. It is highly correlated with mental health professionals' judgments of depression and has substantial correlations (.30 - .53) with 'real world' events, such as reported nervous breakdowns, consultations with mental health professionals, the perceived need for psychological help, and experiencing of "severe" psychological problems and similar indicators of impairment in adjustment. The GWB also has substantial correlations (.49 - .81) with other well-known and widely recognized measures of psychopathology, such as the MMPI, the Beck Depression scales and the Psychiatric Symptom Scale.

Sensitivity to Change: Sensitivity to change is good. Numerous studies involving inpatient, outpatient, and day treatment populations have shown significant positive changes as a function of treatment.

A sub-scale of the GWB, the Positive Mental Health Index (PMHI) has been selected for use in the Outcome System. The PMHI is composed of 10 items, each of which has six response categories. The PMHI correlates very highly with the total GWB score and with other instruments frequently used in outcome studies. PMHI scores range from 0-50. This instrument consists of the first 10 questions of the Consumer Self Assessment at both times one and two.

Sampling and Data Collection Procedures

Admission: All adults being admitted or readmitted to mental health services at each center are to complete the PMHI shortly before or at the time services are initiated. For the purposes of this project, the adult sample includes individuals 18 years or older at the time of admission. This includes all adults regardless of the type of program or modality of service to which admitted. The PMHI is to be administered to admissions to outpatient, inpatient, residential, day treatment, medication management, or other program of each provider. It is not to be administered when there is a change in program or modality. For example, if a client completed the PMHI at the time of admission to a residential program, and is subsequently transferred to an outpatient program at the same center, it would not be administered again at the outpatient unit. Since the instrument is quickly and easily completed (administration takes approximately 10 minutes), it is felt that there will be little or no conflict with existing intake procedures. The instrument should be completed by the proposed client before initial screening interviews or other assessment procedures. The PMHI should be included in and adopted as part of the standard intake protocol for each provider. It should be completed as one of other standard documents, such as the financial statement or consent to treatment, which are routinely completed or responded to by all clients.

If for some reason the PMHI is not completed at or prior to the first clinical visit, it is to be completed no later than the second visit or within three weeks of admission. In all cases, it is necessary to include the date of administration in order to make comparisons to the date of admission for the individual in question.

Follow-up: Each provider is to develop tracking procedures, which will identify each client that has been in service for 90 days. At this time, the PMHI is to be administered a second time, preferably at a program site (i.e., outpatient clinic, residential program, day treatment or clubhouse program, etc. If the client has discontinued services or has been discharged from services in less than 90 days, the second administration is to be done in the most effective and efficient way possible. It is expected that many cases will need to be contacted by mail. This may require multiple mailings and follow-up with phone calls. Each provider is to monitor its follow-up completions to maximize the response rate. A target response rate of 50 percent or higher is most desirable.

Scoring and Data Analysis

Each provider will be responsible for scoring and clinical use of the instrument and maintaining copies of the data files provided and the details on how the value for each variable or data point for each client was obtained. In addition, each provider is expected to provide client-by-client responses to each item. This information is to be included in an ASCII data file.

Technical Reporting of Results

Statewide reporting of the data will be coordinated by the Division. It is anticipated that a number of analyses will be completed. These will focus on percent of clients with various characteristics which demonstrate improvement, the amount of improvement demonstrated, how this improvement as measured by the PMHI correlates with the amount of services provided, with provider characteristics, satisfaction with treatment and other hygienic variables associate with services. For example, is satisfaction with fees, appearance, or accessibility of the mental health provider associated with outcomes? Does the age, sex, or diagnoses of the client affect the degree of improvement? What factors best predict outcomes for various types of clients? How does impairment at admission affect the amount of improvement?

Analyses will focus on the interaction of all the variables that are collected and associated with an episode of treatment for a given client. The relationship between client characteristic, level of satisfaction, hygienic factors associated with the delivery of services, and outcome as measured by a comparison between the admission and follow-up PMHI scores will be analyzed on a statewide basis. Similar analyses may be performed by providers using the data and information pertaining to their own sample of clients.

Brief Substance Abuse Scale (BSAS)

This five-item instrument was developed to briefly assess to what extent alcohol and/or drugs is self-perceived by the client to be a problem at the time of admission to community mental health centers. The instrument consists of items 11-15 in the Consumer Self Assessment questionnaire. Psychometric data on reliability, validity, and sensitivity to change are not yet available. Data are collected at time one and time two. Data collection procedures are the same as for the GWB.

OQ – AHS – Adult Outcome Measures

During fiscal year 2007 a new state-wide outcomes reporting system OA- AHS will become available to CMHCs. When implementation is completed for a CMHC, new instruments and data collection procedures will be required. The OQ[®] 45.2 – adult outcome measure (ages 18+), or the SOQ[®] 2.0 – SPMI outcome instruments (self or clinician) as applicable will replace the GWBPLUS and OQ^R-30.1. The new instruments will be required at admission and every 30 days during the course of treatment until discharge or discontinuation. OQ- AHS will be a hosted solution. Instruments will be administered directly in OQ- AHS. CMHCs, UBHN, and Division staff will access OQ- AHS directly for reporting. No file submissions will be required once implementation for a CMHC is completed. For further detail on the OQ- AHS system and implementation documents, refer to the DSAMH web site.

Initial costs associated with the implementation of the OQ Analyst Hosted System (OQ- AHS) and the licensing for the required outcome instruments will be covered by the Division. This includes software licensing, software customization, hosting services, licensing for the instruments, and training and support from the vendor. The Division will also cover the annual expenses for licensing and support for the first contract term.

Each center will need to identify an individual who will be the subject matter expert on the OQ- AHS system and will be responsible for authorizing employee access and security level assignments for center staff. This individual will be the point of contact with OQ Measures for training and support.

The Division will be a user of this system, similarly to centers and UBHN staff, and will not be the source for administration and support. This will be a privatized implementation effort in behalf of the Division and community mental health centers. OQ Measures will be the primary contact for service and support. Business Associate Agreements and Service Agreements will need to be established between each local authority or center and OQ Measures.

Implementation is scheduled to begin in August. Valley Mental Health and Wasatch will be the pilot sites. Implementation is expected to conclude during fiscal year 2007. The Division and OQ Measures will work with each center to schedule and prepare sites and staff for implementation. Requirements for outcome reporting relative to these instruments will become effective when system and staff complete implementation.

Documents detailing implementation and requirements, and documentation of web service interface to OA- AHS are listed on the divisions web site, or can be obtained from the Research Unit.

Youth Outcomes

Methods and Background

Introduction

The Y-OQ^R-30.1 is valid and reliable. It is designed to detect treatment change (sensitivity) or outcomes regardless of treatment modality, diagnosis or discipline of the treating professional. The measure functions well as a screening tool.

The Y-OQ^R-30.1, known as the OMNI Version, was piloted and developed for use by both adult and youth raters. For example, parents would replace the first person referent “I” with “My child” at the beginning of each sentence. The measure consists of 30 closed-ended questions, including critical items that may be used by clinicians for treatment planning and other clinical uses. One of these critical items pertains to suicidal thoughts, and another relates to alcohol or drug use. It is recommended that the UBHN Clinical Services Committee consider use of the Y-OQ^R-30.1 as a standard assessment instrument to be maintained in the client’s chart. If approved for clinical use by UBHN, the Division will monitor during clinical reviews whether clinicians are using the instrument to guide treatment planning and other clinical uses.

Each statement has a five-point rating scale as follows: 0- Never or Almost Never, 1- Rarely, 2- Sometimes, 3- Frequently, 4- Almost Always or Always. Total scores may range from 0 to 120.

Data Collection Procedures

Who is to be rated? All child admissions 0-17 years of age.

Who is to do the ratings?

All youth 12-17 years of age.

One parent/guardian for each youth 12-17 or child 0-11 years of age. If a parent or guardian is not available, ratings may be made by another adult who is intimately familiar with the youth or child.

What organizations are to administer the measures?

All CMHCs and the State Hospital.

When are the measures to be administered?

Near the time of admission or intake.

Between 45-60 days after intake

About six months after intake.

Every six months thereafter for continuing clients.

How are the measures to be administered?

All time one and time two or later administrations at the State Hospital will be conducted only with youth, and then only while youth are in the hospital.

Time One (CMHCs)

Time ones would almost always be collected in the clinic or in a day treatment or 24-hour setting. CMHCs must report the location where the instrument was administered.

Time Two and Later (CMHCs)

These measures would be collected by mail, in the clinic or in a day treatment or 24-hour setting. CMHCs must report the location where the instrument was administered.

How should the mail-out methodology be implemented?

The CMHC director should sign letters.

Parents and youth should receive letters in separate envelopes and should be encouraged to complete the instrument independently.

A reminder letter and questionnaire should be sent two weeks following the first mailing.

The attached sample letters should be followed to assure comparability. Letters should be sent to individuals by name to make them more personal and to enhance response rate.

Each provider is to monitor its follow-up completions to maximize the response rate.

Response rates of 30% or higher are sought. Centers are encouraged to do additional mailings and follow-up phone calls to enhance their response rate.

Scoring, Data Analysis, and Reporting

Each provider is responsible for data collection, input, scoring and clinical use of the instrument. Information should be entered in an ASCII data file and provided to the Division for statewide analysis and reporting. The Division will merge Y-OQ^R-30-1 data with Information System data variables as a beginning step in the analysis. Results will be reported semi-annually, but not more frequently because of small numbers. Providers will be informed quarterly whether data submissions have been received. The first written semi-annual report of results will be issued October 1, 2003. Results will also be presented at the October 2003 UBHN Board meeting if requested. Comparisons will be made using the following classifications: provider organization, SED/Non-SED, Medicaid/Non-Medicaid, gender, age group, and by rater (parent/youth). In addition, data will be made available to the UBHN Performance Development Committee if it desires to perform further data analysis.

Electronic File Submissions

Attached are copies of the standardized file formats for all submissions. As with previous submissions, formats should be followed exactly as requested to enhance accuracy and data analysis efficiency.

OQ – AHS – Youth Outcomes Instruments

When implementation is completed for a CMHC, new instruments and data collection procedures will be required. The YOQ[®] 2.01 – youth outcome measure (ages 4-17) or the YOQ[®] 2.01SR – youth outcome measure (ages 12-18) will replace the YOQ[®] 30.1 – YOQ[®] 30.1SR omni form youth outcome measures (ages 4-17). The new measures will be required at admission and every 30 days during the course of treatment until discharge or discontinuation. OQ- AHS will be a hosted solution. Instruments will be administered directly in OQ- AHS. CMHC, UBHN, and Division staff will access OQ- AHS for reporting. No file submissions will be required once implementation for a CMHC is completed. For further **detail on the OQ- AHS system and implementation documents, refer to the DSAMH web site.**

Initial costs associated with the implementation of the OQ Analyst Hosted System (OQ- AHS) and the licensing for the required outcome instruments will be covered by the Division. This includes software licensing, software customization, hosting services, licensing for the instruments, and training and support from the vendor. The Division will also cover the annual expenses for licensing and support for the first contract term.

Each center will need to identify an individual who will be the subject matter expert on the OQ- AHS system and will be responsible for authorizing employee access and security level assignments for center staff. This individual will be the point of contact with OQ Measures for training and support.

The Division will be a user of this system, similarly to centers and UBHN staff, and will not be the source for administration and support. This will be a privatized implementation effort in behalf of the Division and community mental health centers. OQ Measures will be the primary contact for service and support. Business Associate Agreements and Service Agreements will need to be established between each local authority or center and OQ Measures.

Implementation is scheduled to begin in August. Valley Mental Health and Wasatch will be the pilot sites. Implementation is expected to conclude during fiscal year 2007. The Division and OQ Measures will work with each center to schedule and prepare sites and staff for implementation. Requirements for outcome reporting relative to these instruments will become effective when system and staff complete implementation.

Documents detailing implementation and requirements, and documentation of web service interface to OA- AHS are listed on the divisions web site, or can be obtained from the Research Unit.



State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

Department of Human Services

LISA-MICHELE CHURCH
Executive Director

October 5, 2005

Dear Prevention Coordinator,

As a result of problems experienced by some users of the PATS system, DSAMH has agreed to allow centers the choice to continue using the PATS system or submit your prevention data using the attached spreadsheet quarterly.

Dori Wintle has reported to me that the performance problems regarding 4-minute saves were resolved as of Friday, September 30th.

For centers that use the spreadsheet, please be sure to follow the procedure listed below.

1. The attached spreadsheet, prepared by SL County, can be used to submit prevention data. If you would like to suggest a change to the format, contact Brenda Ahlemann at DSAMH.
2. The list of **Service Descriptions** currently used in the PATS system **must** be used for reporting. Any changes to the list of services should be coordinated through Craig PoVey at DSAMH. A current list of Service Descriptions is also attached.
3. Spreadsheets are required for each service within an area plan and are to be submitted quarterly on the state fiscal year (July 1 – June 30). Please submit these spreadsheets to Brenda Ahlemann.

Note... The local centers will need to collapse the individual numbers into aggregate totals for each service they provide.

4. Centers must continue to maintain documentation on the individual sessions with complete attendance rolls. We will monitor this during our site reviews.

Please direct any need for assistance with the spreadsheet to Brenda Ahlemann. She can be reached at 538-9868 or Bahlemann@utah.gov. Rob Rutledge, who has been providing support on PATS is no longer with the division. For assistance with PATS, you may contact Brenda directly or issue a trouble ticket.

Thanks,

Craig L PoVey
Program Administrator

Utah State Department of
Substance Abuse
And
Mental Health
(DSAMH)



SAMHIS File Name Specification

Table of Contents

1	CHANGE HISTORY.....
2	INTRODUCTION.....
3	FILE NAMING CONVENTIONS
<i>3.1</i>	<i>MHE/TEDS FILENAME PART DEFINITIONS.....</i>
<i>3.2</i>	<i>CHARACTER DEFINITIONS.....</i>

Change History

Date	Version	Description
03/06/2006	1.0	Original version for training.

Introduction

As part of the new SAMHIS system, DSAMH has changed how Provider files are submitted by Provider's to DSAMH. Provider's will now upload TEDS and Mental Health files using a new website. The new website requires a new file naming convention. The naming convention is explained in detail below. Files that don't conform to this naming convention can not be uploaded.

NOTE: The contents of the Provider file(s) should comply with the DSAMH file specifications sent out by DSAMH for Mental Health Event and TEDs files.

Prior to uploading the files on the DSAMH website, Providers are required to *validate* their files using the new Provider File Validation Application. Files that are uploaded which fail validation will require additional attention from Providers and DSAMH. Information about the SAMHIS website is located in the SAMHIS website user manual.

NOTE: The Provider File Validation application is available on CD by contacting DSAMH or on the SAMHIS website as a download link on the Support page.

<https://www.dsamh.utah.gov/samhis>

File Naming Conventions

The following file naming convention is to be followed when naming Provider upload files. To use this table find the file type in the **File** column and use the filename definition in the **Naming Convention** column. File names are broken up into literal text (e.g. underscores and periods) and **Filename Parts**. Use the **Filename Part Definitions** table below for further information on each part of the filename parts.

File	Naming Convention and Example
Mental Health Event file	[MHE]_[MHProviderID]_[YYYYQuarter]_[YYYYMMDD]_[Daily Sequence].CSV Example: MHE_03_2006Q1_20060615_01.CSV
TEDS File	[TEDS]_[TEDSProviderID]_[YYYYQuarter]_[YYYYMMDD]_[Daily Sequence].CSV Example: TEDS_UT123456_2006Q3_20060615_01.CSV

MHE/TEDS Filename Part Definitions

Filename Part	Description	Data Type Mask	Example
[TEDSProviderID]	8 character TEDS #	UTNNNNNN	UT123456
[MHProviderID]	2 character Mental Health Provider Id.	NN	88
[YYYYMMDD]	Upload Date	YYYYMMDD	20060718 (07/18/2006)
[YYYYQuarter]	Reporting year and quarter	YYYYQQ	20006Q1, 2006Q2, 2006Q3, 2006Q4, etc...
[Daily Sequence]	Upload attempt number for a given date. This number is usually '01' but if you need to re-upload a file on the same day, increment this number to make the file name unique	NN (left zero padded)	01 (first upload for given file for a given day) 02 (second upload for a file that has already been uploaded on that day) ...
_	Underscore to separate parts	_	_ underscore character

Character Definitions

The following table defines the codes used in the upload filename parts.

Character	Definition
N	Number (0-9)
YYYY	4 digit year ,
MM	2 digit month 01-12
DD	2 digit day 01-31
QQ	Q1, Q2, Q3, Q4

Division of Substance Abuse and Mental Health

Mental Health Data Definitions

PROGRAM ELEMENTS

(Events occur within program elements)

“Program elements are conceptualized as clusters of major clinical program areas within mental health organizations that are relatively homogeneous with respect to one or more of the following:

- ?? the types of functions they perform
- ?? the staffing intensity of type needed to perform them
- ?? consumer/client/patient groups that would be assigned to or treated in the area
- ?? the types and relative amounts of resources needed
- ?? the outputs produced:”

(National Institute of Mental Health. Series FN No. 10, Data Standards for Mental Health Decision Support Systems by WA Leginski and nine others. DHHS Pub. No. (ADM) 89-1589. U.S. Govt Print. Off., 1989).

10 Inpatient treatment

Inpatient treatment is a 24-hour period or any portion of the day during which a patient is in the clinical and/or fiscal responsibility of that program element. Treatment is delivered in a licensed hospital, which may or may not have a psychiatric unit. Center staff need not be present at all times, but the center must bear the clinical responsibility for the patient either directly or by contract.

Residential Treatment

This program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help transition people from inpatient care to the community. The program is under the direct administrative control (i.e., financial and clinical) of the Center or is contracted. Center or contracted staff stay overnight in the residence. This program has a high level of structure. Data are reported in bed days for individual clients in the event file.

21A Residential treatment – Adult

Adult programs are required to provide 24-hour awake supervision.

21Y Residential treatment – Youth

This service is generally provided to persons under 18 years of age. However, some persons who are 18 may be served while they are in transition to an appropriate adult program element.

22 Residential Support

This adult program provides 24-hour care and support in an overnight group residential setting. *Adult programs are not required to provide 24-hour awake supervision.* Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, and housekeeping to maintain current level of functioning and/or teach clients independent living skills. This program is also intended to prevent inpatient care. The program is under the financial and clinical control of the Center and may be contracted. Housing may be transitional or permanent, depending on the internal guidelines of the Center. This program has a moderate level of structure. Data are reported in bed days for individual clients in the event file.

23 Housing/In Home Skills (Treatment-Based Housing Programs)

The intent of this program is to provide treatment and support in a building or apartment to help maintain the client in the community and/or to teach client independent living skills. *Programs financed with Low Income Housing Tax Credits may or may not require treatment and support onsite.* Treatment-based housing programs provide two different levels of treatment and support: moderate contact (minimum one contact per week) and low contact (minimum one contact per month). The program is under the financial and clinical control of the Center. Length of stay ranges from transitional to permanent housing, depending on the internal guidelines of the center. This program has a low level of structure. Data are reported in bed days for individual clients in the event file.

Some key differences in staffing, structure, and purpose (residential and housing):

Program Element	Staffing	Level of Structure	Purpose
Residential Treatment	24-hour awake	High	Prevent hospitalization, transition clients from hospital to community
Residential support	Less than 24-hour	Moderate	Maintain clients in community, teach independent living skills
Housing/in-home skills	No necessary on-site	Low	Maintain client in community with minimal support, teach independent living skills.

Housing/In-Home Skills was added to better reflect financial and clinical efforts of the Centers in serving clients Housing/In-Homes Skills needs. Residential support has been updated to better coincide with licensure requirements. There is little difference between the past and current recommended residential treatment definition. Only the 24-hour awake staff requirement is new.

Service Definitions 3-2-01/CPEAR

30 Partial Day –

A continuous, supervised service to patients daily or less often in a program that runs at least three hours but less than 24 hours. The patient is provided more structure in this program than in the outpatient program element, but less structure than inpatient or residential treatment. Structured programs of treatment, activity, or other mental health services are provided. These programs are often called day treatment, partial hospitalization, partial care, psychosocial rehabilitation, or skills development. Hours that a patient is in attendance are tracked and reported.

40 Outpatient –

A continuous period measured in fractions or multiples of an hour during which a patient participates in the receipt of services from that program element. Outpatient treatment usually occurs in a client setting and may employ a number of various treatment strategies to help the patient eliminate or reduce symptoms or resolve problems of functioning.

50 Case Management –

A process by which persons with serious mental illness are helped to acquire the various services they need and want. Case managers fulfill the following critical, individualized functions: 1) Connecting with consumers in their natural environment (e.g., outreach, engagement, or patient assessment); 2) comprehensive service planning with and for a patient for a wide range of services, entitlements, and assistance; 3) linking consumers with services and resources (e.g., brokering, coordinating, or advocating for the range of services needed; 4) linking family members with services; 5) monitoring service provision and patient's response to treatment; and 6) advocating for consumer rights.

Note: The case management program element is only used if it is a separate organizational unit within the mental health organization. Otherwise, case management services would be classified as an event in the program element where the staff are organizationally linked (e.g., outpatient, day treatment, etc.).

60 Emergency –

A continuous period measured in fractions or multiples of an hour during which a patient participates in the receipt of services from that program element. The service is immediate, unscheduled, and short-term for a given patient, and deals with a psychological emergency of a patient. This activity is available on a 24-hour basis, including during regular work hours. Routine informational calls handled by crisis staff are not to be reported as crisis/emergency. This activity should also not be confused with a crisis intervention approach which may span several sessions and be reported as one of the scheduled outpatient activities. Examples of behaviors targeted by crisis/emergency services are suicide attempts, violent family fights, panic attacks, uncontrollable

behavior, and other behaviors that are a threat to self or others. Emergency services may include telephone counseling and referral services.

70 Family Support –

Most of the children's events or services are contained in the above program elements. However, the family support program element was created for two events specific to children—respite care and behavioral training to parents.

EVENT OR SERVICES MINIMUM DATA SET

An event is characterized as:

- ?? A transaction between a staff member of a mental health organization and a client in which a significant activity occurs;
- ?? A significant action by a staff member on behalf of a client, i.e., interviewing a collateral, providing various kinds of adjunctive services, and many case management activities;
- ?? Other actions by staff that facilitate the provision of services to or on behalf of clients, i.e., activities that support the continued operation of the organization. (Ibid., FN 10, P. 50)

TYPE OF EVENT AND DEFINITIONS

DIRECT SERVICE: NONTREATMENT

10 Engagement

Activities usually directed to potential non-registered patients intended to establish trust and rapport, explain services and assistance available to the potential non-registered patient, and dispel likely or actual resistance.

21 Diagnosis & Assessment: Screening/Triage

This event occurs only during initial contact(s) and includes screening, admission, and/or fee-setting activities. The variety of information collected is often more routine and more general in its application to patients in general than the other three sub-events within diagnosis & assessment. Screening/triage is not restricted to one service unit location and may include data obtained from significant others.

22 Diagnosis & Assessment: Initial Assessment

The initial assessment is not routine but a special clinical evaluation for a particular patient for a diagnostic or treatment purpose. It may include a social history interview and mental status examination. It is distinguished from other assessment by its occurrence only during initial contact(s).

23 Diagnosis & Assessment: Other Assessment

Other assessment is not routine but a special clinical evaluation for a particular patient for a diagnostic or treatment purpose. It may include a social history interview and mental status examination. It is distinguished from initial assessment by its occurrence after initial contact(s).

24 Diagnosis & Assessment: Testing

Testing is not routine but a special clinical test administered to a particular patient for a diagnostic or treatment purpose. Various psychometric tests are administered face-to-face. Also recorded is time spent reporting test feedback to the patient or family members.

DIRECT SERVICE: TREATMENT

30 Treatment: Individual

Face-to-face clinical treatment of an individual patient or collateral.

40 Treatment: Family

Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, or couples living together as married.

50 Treatment: Group

Face-to-face clinical treatment in the same session of two or more unrelated patients. It may also include cases where the group is composed of two or more families or couples.

61 Treatment: Medication Mgt: MD

Prescription, administration, observation, evaluation, alteration, continuance, or termination of a patient's neuroleptic or other medication by a physician.

62 Treatment: Medication Mgt: Nurse

Administration, observation, and evaluation of a patient's medication by a nurse under a physician's direction, which may include recommendations for prescriptions, alterations, continuance, and termination of medication. It may include LPNs under RN supervision.

DIRECT SERVICE: REHABILITATION

70 Rehabilitation

Activities and services intended to train or retrain a patient to function within the limits his or her original or residual disability. Rehabilitation events are most often provided in relation to a treatment plan and may be delivered to the recipient individually or as a group member. There are four categories of rehabilitation: vocational, recreational, skill building, and other.

80 Vocational Training

Training activities to a patient focused on general or specific job skills for application in the regular job market, supported work, transitional work, sheltered workshops, or other similar environments.

90 Social/Physical

Activities to rehabilitate social interaction skills and physical mobility through supervised recreational activity.

100 Skill Building

Skill training in activities of daily living (e.g., personal grooming, eating) or instrumental activities of daily living (e.g., shopping, managing money, managing personal possessions, house work, simple meal preparation, use of public transportation).

110 Other

Other training or skill-building activities not mentioned above. Activities that do not involve training or skill building should be classified as personal care.

DIRECT SERVICE: PERSONAL CARE

120 Care-giving Activities

Life support activities and services provided to meet the client's needs for food, shelter, and safety. Personal care activities include assistance provided to the patient in the performance of activities of daily living; providing meals, shelter, or a bed; protective oversight; or transportation.

ADJUNCTIVE SERVICE

130 Case Management

A process by which persons with serious mental illness (as per Seriously and Persistently Mentally Ill scale) are helped to acquire the various services they need and want. Case managers fulfill the following critical, individualized functions: 1) Connecting with consumers in their natural environment (e.g., outreach, engagement, or patient assessment); 2) comprehensive service planning with and for a patient for a wide range of services, entitlements, and assistance; 3) linking consumers with services and resources (e.g., brokering, coordinating, or advocating for the range of services needed); 4) linking family members with services; 5) monitoring service provision and patient's response to treatment; and 6) advocating for consumer rights. The case management program element is only used if it is a separate organizational unit within the mental health organization. Otherwise, case management services are reported as events in the program element where the staff are organizationally linked (e.g., outpatient, day treatment, etc.).

140 Other Adjunctive

This may include any of the following: 1) work related to the patient's record; 2) clinical consultation within the organization about the patient's diagnosis, treatment, prognosis, or referral; and 3) the collection of additional information on the client.

150 Respite Care

Temporary care for the client for the purpose of providing time away and relief to the caregiver. This care may be provided in the client's home or other setting.

160 Behavioral mgt/parent training

Time spent training parent(s) of a child receiving treatment services to understand the child's disorder(s) and develop skills for effectively managing the child in the home.

170 Client day

Unit of service reserved for inpatient, residential, and housing/in-home skills.

180 Emergency hours

This unit of service and code is reserved for emergency hours.

Coding Rules:

1. Event dates that did not occur during the time period of that quarter will be rejected.
2. For Program codes 10, 21A, 21Y, 22, and 23 other service codes can be used as long as the client is still enrolled in that program for that day. For every unique client and

day that a program code of 10, 21A, 21Y, 22, and 23 are used a corresponding Event code of “170” must be recorded.

Example:

Client ID	Event Date	ProgramID	Program Name	Service Code	Srvc Description
22222	1/1/2005	21A	Adult Residential	62	Med Mgmt
22222	1/1/2005	21A	Adult Residential	170	Client Day
22222	1/2/2005	21A	Adult Residential	100	Skill Building
22222	1/2/2005	21A	Adult Residential	170	Client Day

FIELD DEFINITIONS SUPPLEMENT¹

(Refer to sections on Codes/Allowed Values and Notes
in the Mental Health Combined File Format for most definitions)

Employment Definition: 16-State Project (2002)

16-State Categories	UPMHS Categories	Definitions
Employed (Competitive)		-Work performed on a full or part-time basis for which an individual is compensated in accordance with the Fair Labor Standards Act; or person is in the military.
	Full-time	-Gainful employment of 35 or more hours per week.
	Part-time	-Gainful employment of less than 35 hours per week.
Supported/Transitional	Supported	-Work performed on a full-time or part-time basis for which an individual is compensated in accordance with the FLSA and works with professional support. It may include mental health or non-mental health support. Supported work is not time-limited. Employment is competitive.
	Transitional	-Transitional employment is competitive and similar to supported employment except that employment is time limited.
Unemployed	Not employed full- or part-time	-A person who has been laid off, fired, or is temporarily not working. Unemployed is to be reported <u>only</u> when the individual is <u>seeking</u>

		<u>gainful employment.</u>
Not in labor force¹	Homemaker	
	Student	
	Retired	
	Unemployed	Not seeking employment
	Disabled—Not Employed	
Unknown	Unknown	

¹ Persons should only be placed in “Not in labor force” if they do not fit in employed, supported/transitional, unemployed, or if they are “Not in labor force” because they are a student.

Living Arrangement Definition: 16-State Project (2002)

Private Residence Combined:

Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or single room occupancy (SRO). This is a sum total of all clients living in a private residence. It is the sum of the following two (2) categories for those states that can collect the additional detail of “without support” and “receiving support.”

Private Residence Without Support:

Individual lives in house, apartment, trailer, hotel, dorm, barrack, single room occupancy (SRO) and does not require routine or planned social, clinical, or physical support to maintain his/her independence in the living situation. A child that receives age-appropriate care such as bathing, laundry, meals, and customary emotional and other family supports would be included here. Support is not defined as financial.

Private Residence Receiving Support:

Individual lives in house, apartment, trailer, hotel, dorm, barrack, single room occupancy (SRO) and receives planned support to maintain independence in his/her private residence. This may include individualized services to promote recover, manage crises, perform activities of daily living, and/or manager symptoms. Support services are delivered in the person’s home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home. A severely emotionally disturbed child that requires special care in the home by a family member, friend or a periodic visit from a case manager would be included in this category. Support is not age-appropriate. Financial support is excluded.

Foster Home:

Individual resides in a foster home. A foster home is a home that is licensed by a County or State Department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of training families.

24-hour Residential Care:

Individual resides in a residential care facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a skilled nursing/intermediate care facility, nursing homes, Institutes for Mental Disease (IMDs), inpatient psychiatric hospital, psychiatric health facility (PHF), Veterans Affairs Hospital, or a state hospital.

Jail/Correctional Facility:

Individual resides in a jail and/or correctional facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or Boys Ranch.

Homeless:

A person has no permanent place of residence where a rental, lease, or mortgage agreement between the individual and the owner exists.

A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:

- 1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- 2) An organization that provides a temporary residence for individuals intended to be institutionalized, or
- 3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human being (e.g., on the street).

Other

All other living situations.

Diagnosis Codes:

DiagA1 – DiagA5 are for Axis I diagnosis codes. All codes will be checked to see if they comply with the accepted DSM IV format. Codes not conforming to the approved format will be rejected. There is room for up to five diagnoses with DiagA1 filled out first followed by DiagA2 until there are no more Axis I diagnoses or DiagA5 is filled out. The date corresponding to each diagnosis is the last date the diagnosis was updated. Bear in mind that this date will allow us to organize clients by the most current treatment diagnoses. Diagnoses that are no longer valid for the past year should not be reported.

Enrolled:

All clients are to be asked if they are currently enrolled in an education program. This will allow the Division to more fully comply with National Outcome Measures. Code 1 for Yes, 2 for No and 3 for Unknown. In the future this field will include program types.

Atypical Medication Used:

Code 1 for Yes if the client was prescribed one or more of these atypical medications during the quarter: Clozapine, Quetiapine, Olanzapine, Risperidone or Ziprasidone. Code 2 for No atypical medication was prescribed during the quarter and 99 for Unknown. In the future we will be looking at including the National Drug Codes for the drugs prescribed.

Client Name Validation Rules:

****Use Legal Names****

MHE file will have fields for the following parts of a name:

?? Last name
?? First name
?? Middle name

Names can be entered in either upper case, lower case, or a mix.

Spaces: Allowed in first and middle names. NOT allowed in last names.

Example: Mc Donald should be entered as McDonald
De La Cruz should be entered as DeLaCruz
Example: Le Ann Mary Ann Mc Cartney
Can be entered as:
First: Le Ann
Middle: Mary Ann
Last: McCartney

Hyphens: Allowed in first, middle and last names. It is the only allowable punctuation character allowed.

Examples:

(last name) Smith-Jones should be entered as Smith-Jones
(first name) Jo-Ann should be entered as Jo-Ann
(last name) O'Rilley should be entered as ORilley
(last name) St. James should be entered as StJames
(first name) D'Ann should be entered as DAnn or D Ann

Numeric characters: Not allowed in any name

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field

Example: J. Edgar Hoover

First name: J (no period)

Middle name: Edgar

Last Name: Hoover

Enter legal names rather than nicknames

Example: “Bill” should be entered as William

“Bob” should be entered as Robert

“C.J.” should be entered as Carlos as a first name and James as the middle name

Titles, Prefixes, Suffixes: not allowed

Naming rules synopsis:

Character	Last Name	First and Middle Names
Alpha Characters	Allowed	Allowed
Hyphen	Allowed	Allowed
Spaces	Not Allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric Characters	Not allowed	Not allowed

¹ The 16-State project definitions should be used as further clarification of abbreviated definitions in the Client File Specifications.

Mental Health Combined Data File Format 2/28/2006

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
1	RecordNo	Sequential Record Number	1,2,..., Number of records	10	N...N		Yes	Each record must have a sequential number beginning with 1.
2	ClientID	Client Identifier	Mapped value from MHO. (Unique client identifier)	15	X.....X		Yes	Client ID to be unique within the MHO and unique to each client admitted or readmitted to that MHO. It must not be reassigned to another client. Mapping must be consistent across quarters.
3	FirstName	Client's full legal first name	Only characters specified in MH Data Definitions.	25	A.....A		Yes	See MH Data Definitions for name validation rules.
4	LastName	Client's full legal last name	Only characters specified in MH Data Definitions.	30	A.....A		Yes	See MH Data Definitions for name validation rules.
5	MiddleName	Client's full legal middle name	Only characters specified in MH Data Definitions.	25	A.....A		No	See MH Data Definitions for name validation rules. If client does not have a middle name leave blank.
6	SSN	Social Security Number	Client Social Security Number	11	XXX-XX-XXXX		No	Use 000-00-0000 if unknown or is not available. Missing SSN updated quarterly by administrative staff.
7	DateAdm	Date of most recent client admission	Legal date	10	MM/DD/YYYY		Yes	Note: 4-character year
8	LegalSta	Legal Status at admission	Y- Civilly Committed N- Not Civilly Committed F- Forensic commitment -State Hosp only X- Unknown	1	X	10%	Yes	
9	Gender	Gender	M Male F Female	1	X		Yes	
10	DateBir	Date of birth	Legal date	10	MM/DD/YYYY		Yes	Note: 4-character year
11	Hispanic	Hispanic or Latino origin	Y Yes N No X Unknown	1	X	10%	Yes	
12	Race	Race	1 American Indian 2 Asian 3 Black 4 White 5 Other 6 Alaskan Native 7 Pacific Islander 8 Unknown	1	N	10%	Yes	

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
13	Marital	Marital status	1 Never married 2 Now married 3 Separated 4 Divorced 5 Widowed 6 Unknown	1	N	10%	Yes	
14	Educatn	Completed years of education	0-21 (GED = 12) 99=Unknown	2	NN	10%	Yes	Education at admission
15	Enrolled	Are you currently enrolled in an education program?	1 = Yes 2 = No 3 = Unknown	1	NNN	10%	Yes	Current education enrollment status. (In the future it will be expanded to include program types)
16	Income	Gross monthly household income at admission	Actual gross monthly household income to the nearest dollar. 00000 = Unknown	5	NNNNN	20%	Yes	Gross is the amount before taxes and other withholdings are taken out.
17	RefSree	Source of referral at admission	1 Self 2 Family or friend 3 Physician or medical facility 4 Social or community agency 5 Educational system 6 Courts, law enforcement, correctional agency 7 Private psychiatric/mental health prog. 8 Public psychiatric/mental health prog. 9 Clergy 10 Private practice mental health professional 11 Other persons or organizations 99 Unknown	2	NN	10%	Yes	
18	FamSize	Total number in family who live at home	Code actual number in two digits 99 = Unknown	2	NN	10%	Yes	Client must be included in count, which means this number must be 1 or greater.
19	Veteran	Veteran status at admission	Y Yes N No X Unknown	1	X	10%	Yes	

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
20	Language	What language needs to be spoken during therapy? (admission only)	00 English 01 American sign language 02 Arabic 03 Bosnian 04 Cambodian 05 Chinese 06 Croatian 07 Farsi 08 French 09 Greek 10 German 11 Italian 12 Japanese 13 Kurdish 14 Laotian 15 Native American: Navajo 16 Native American: Ute 17 Russian 18 Samoan 19 Serbian 20 Somali 21 Spanish 22 Swahili 23 Tibetan 24 Tongan 25 Vietnamese 26 Zulu 27 Other (Specify in next question) 99 Unknown	2	NN	10%	Yes	
21	Languag2	If the response was 27 above, please write the "other" language that needs to be spoken during therapy	-----	20	X....X	0%	No	If code 27 is chosen in field 19 this field must be filled out.
22	PrvTxAny	Previous mental health treatment of any kind	Y Yes N No X Unknown	1	X	10%	Yes	
23	PrvTxUSH	Previous mental health treatment at the Utah State Hospital	Y Yes N No X Unknown	1	X	10%	Yes	
24	PrvTxMHO	Previous mental health treatment at this mental health center	Y Yes N No X Unknown	1	X	10%	Yes	

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
25	ExpPaymt	Expected principal payment source as reported by staff.	1 Provider to pay most cost 2 Personal resources 3 Commercial health insurance 4 Service contract 5 Medicare (Title XVIII) 6 Medicaid (Title XIX) 7 Veterans Administration 8 CHAMPUS 9 Workers compensation 10 Other public resources 11 Other private resources 99 Unknown	2	NN	10%	Yes	Expected principal payment source is defined as the source expected to pay the highest percent of the cost. This should now be reported by staff, as is done for substance abuse clients. Funding sources are too different at present to combine with Division of Substance Abuse.
26	AdmGAF	GAF score at admission	1-99	2	NN		No	See DSM IV Axis V for definitions
27	Severity	Severity level (SED or SPMI)	Y = Yes (SED or SPMI) N = No (not SED or SPMI) X Unknown	1	N	5%	Yes	This required variable is to be updated at the 6-month case review. Specify if client meets the criteria for either SED or SPMI, depending on age.
28	DiagA1	Axis I Diagnosis 1	DSM IV Code	6	XNN.NN	5%	Yes	Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 5 on Axis I. Leave subsequent fields blank if no subsequent diagnoses.
29	DiagA1_ Date	Date DiagA1 was given		10	MM/DD/ YYYY	5%	Yes	
30	DiagA2	Axis I Diagnosis 2	DSM IV Code	6	XNN.NN		No	
31	DiagA2_ Date	Date DiagA2 was given		10	MM/DD/ YYYY		No	A date is required if there is a corresponding diagnosis.
32	DiagA3	Axis I Diagnosis 3	DSM IV Code	6	XNN.NN		No	
33	DiagA3_ Date	Date DiagA3 was given		10	MM/DD/ YYYY		No	A date is required if there is a corresponding diagnosis.
34	DiagA4	Axis I Diagnosis 4	DSM IV Code	6	XNN.NN		No	
35	DiagA4_ Date	Date DiagA4 was given		10	MM/DD/ YYYY		No	A date is required if there is a corresponding diagnosis.
36	DiagA5	Axis I Diagnosis 5	DSM IV Code	6	XNN.NN		No	
37	DiagA5_ Date	Date DiagA5 was given		10	MM/DD/ YYYY		No	A date is required if there is a corresponding diagnosis.
38	DiagB1	Axis II Diagnosis 1	DSM IV Code	6	XNN.NN		No	Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 3 on Axis II. Leave subsequent fields blank if no subsequent diagnoses.
39	DiagB1_ Date	Date DiagA3 was given		10	MM/DD/ YYYY		No	A date is required if there is a corresponding diagnosis.
40	DiagB2	Axis II Diagnosis 2	DSM IV Code	6	XNN.NN		No	
41	DiagB2_ Date	Date DiagB2 was given		10	MM/DD/ YYYY		No	A date is required if there is a corresponding diagnosis.

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
42	DiagB3	Axis II Diagnosis 3	DSM IV Code	6	XNN.NN		No	
43	DiagB3_ Date	Date DiagB3 was given		10	MM/DD/ YYYY		No	A date is required if there is a corresponding diagnosis.
44	Employmt	Employment status (Code only one. Items are listed in priority. If more than one is checked, code only highest priority. This information may be collected by staff, intake workers, or clinicians at admission. However, only clinicians may report the data at each 6-month evaluation.)	1 Employed full time (35 hrs or more) 2 Employed part time (less than 35 hrs) 3 Supported/Transitional Employment 4 Homemaker 5 Student 6 Retired 7 Unemployed, seeking work 8 Unemployed, NOT seeking work 9 Disabled, not in labor force 99 Unknown	2	NN	10%	Yes	Both supported and transitional employment involve the common element of support. However, transitional employment is time limited whereas supported employment is not. Both may include either MH or non-MH sponsorship.
45	LivingAr	Living arrangement This information may be collected by staff, intake workers, or clinicians at admission. However, only clinicians may report the data at each 6-month evaluation.)	1 On the street or in a homeless shelter 2 Private residence not requiring support 3 Private residence requiring support 4 Jail or correctional facility 5 Institutional setting (NH, IMD, psych. IP, VA, state hospital) 6 24-hour residential care 7 Adult or child foster home 8 Unknown	1	X	10%	Yes	Not requiring support = does not require routine or planned support to maintain his/her/or family's independence in the living situation. Requiring support = requires support to maintain independence, including services for general health, mental health crises, recovery, or symptoms. Services are delivered at home by a family member or by an external care giver. May include case management.
46	DisabBli	Disability: blind	Y Yes N No X Unknown	1	X	10%	No	
47	DisabDea	Disability: deaf	Y Yes N No X Unknown	1	X	10%	No	
48	DisabOrg	Disability: organic	Y Yes N No X Unknown	1	X	10%	No	
49	DisabAmb	Disability: ambulatory	Y Yes N No X Unknown	1	X	10%	No	
50	DisabInt	Disability: intellectual	Y Yes N No X Unknown	1	X	10%	No	

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
51	County	County of residence at admission	001 Beaver 003 Box Elder 005 Cache 007 Carbon 009 Daggett 011 Davis 013 Duchesne 015 Emery 017 Garfield 019 Grand 021 Iron 023 Juab 025 Kane 027 Millard 029 Morgan 031 Piute 033 Rich 035 Salt Lake 037 San Juan 039 Sanpete 041 Sevier 043 Summit 045 Tooele 047 Uintah 049 Utah 051 Wasatch 053 Washington 055 Wayne 057 Weber 999 Unknown	3	XXX	10%	Yes	
52	DateDisc	Date of discontinuation or discharge	Legal date	10	MM/DD/ YYYY		No	Note:4-character year
53	RefDisc	Referral at discontinuation or discharge	0 Not yet discontinued 1 Self (code as 14-not referred) 2 Family or friend (code as 14) 3 Physician, medical facility 4 Social or community agency 5 Educational system 6 Courts, law enforcement, correctional agency 7 Private psychiatric or private mental health program 8 Public psychiatric or public mental health program (continued on next page)	2	NN		No	Code: <i>not yet discontinued</i> as "0," <i>self</i> as "not referred" (14) and <i>family or friend</i> as "not referred" (14). This field must be filled out if field 51 is available.

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
			(continued from previous page) 9 Clergy 10 Private practice mental health profess. 11 Other person or organization 12 Deceased 13 Dropped out of treatment 14 Not referred (see notes to 1 and 2) 99 Unknown					
54	TxComplt	Treatment completion at discontinuation	1 Completed/substantially completed 2 Mostly completed 3 Only partially completed 4 Mostly not completed 5 Does not apply (Evaluation only)	1	N		No	This field must be filled out if field 51 is available.
55	County (USH only)	Referral county at discharge	001 Beaver 003 Box Elder 005 Cache 007 Carbon 009 Daggett 011 Davis 013 Duchesne 015 Emery 017 Garfield 019 Grand 021 Iron 023 Juab 025 Kane 027 Millard 029 Morgan 031 Piute 033 Rich 035 Salt Lake 037 San Juan 039 Sanpete 041 Sevier 043 Summit 045 Tooele 047 Uintah 049 Utah 051 Wasatch 053 Washington 055 Wayne 057 Weber	3	XXX		No	This field must be filled out if field 51 is available.

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
56	Atypical Med	Atypical Medication Used	1 = Yes 2 = No 99 = Unknown	11	NNNNNNNNNN	20%	Yes	Was an atypical medication(Clozapine, Quetiapine, Olanzonpine, Risperdone or Ziprasidone) prescribed at least once during the quarter?
57	DateEvent	Date of event	Any legal date	10	MM/DD/ YYYY		Yes	Use four digits for the year. For every service given to a client a new line must be generated with a date.
58	ProgramID	Program element identifier	10 Inpatient (Days) 21A Residential adult treatment (Days) 21Y Residential youth treatment (Days) 22 Residential support (Days) 23 Housing/in-home skills (Days) 30 Partial day (Hours) 40 Outpatient (Hours) 50 Case management (Hours) 60 Emergency, clients only (Hours) 70 Family support (hours)	3	XXX		Yes	
59	ServiceType	Type of service being recorded	10 Engagement: direct service, non-treatment 21 Screening/triage, diagnosis, & assess-ment: direct service, non-treatment 22 Initial diagnosis & assessment: direct service, non-treatment 23 Other diagnosis & assessment: direct service, non-treatment 24 Testing, diagnosis & assessment: direct service, non-treatment 30 Individual: direct service, treatment 40 Family: direct service, treatment 50 Group: direct service, treatment 61 Medication management: direct service, treatment, physician 62 Medication management: direct service, treatment nurse 70 Rehabilitation: direct service, rehabilitation 80 Vocational training: direct service, rRehabilitation (continued on next page)	3	XXX		Yes	The relationship between events/services and program elements is shown in the program element versus service type matrix in the UPMH Information System Manual

Field #	Field Name	Description	Codes/Allowed Values	Max. Field Length	Format	%Unknown	Required	Notes
			(continued from previous page) 90 Social/physical, direct service, rehabilitation 100 Skill building, direct service, rehabilitation 110 Other direct service, rehabilitation 120 Personal care-giving activities, direct services 130 Case management adjunctive service 140 Other adjunctive service 150 Respite care 160 Behavioral 170 CLIENT DAY 180 Emergency hours					
60	EventDuration	Duration of event in either days or hours (see notes)	Number of hours or days	6	NNN.NN		Yes	Value is in either days or hours depending on the program element identifier and type of event. Refer to the program element vs. service type matrix. Hours may be expressed as decimal fractions rounded to the nearest quarter hour (e.g., one hour and 45 minutes = 1.75). Days may not be reported in decimals. No more than one day may be reported for each event per day.
61	FundingSrc	Funding source	1 Medicaid 2 Not Medicaid	1	N		Yes	Medicaid funding is determined retroactively. Code "1" if client is on the Medicaid monthly eligibility list for the month services were received, "2" if not on that list.

Utah Division of Substance Abuse and Mental Health

Treatment Episode Data Set (TEDS)

File Format and Definitions

Official Document for FY 2007 Data Submission

NOTE: New content highlighted in *yellow italics*.

Two documents, the Client Data Record Format and the TEDS Definitions, have been combined into one document to make it easier to know what is required. The last column in the following table is labeled “Code” and is used to describe each element as follows:

Codes

KEY: These fields are used to match discharge records with admission records. These data must be complete and accurate for both admission and discharge records.

ADMIT: These fields are used for admission data and may be blank if the record contains only discharge data.

DISCH: These fields are used for discharge data and may be blank if the record contains only admission data.

NOMS: These fields are required to be sent to the Federal Substance Abuse and Mental Health Administration (SAMHSA) by the National Outcome Measures (NOMS) grant. For each Local Authority area, these variables must have no more than 5% unknown or missing codes.

FED: Reported to SAMHSA but not part of the NOMS grant.

STATE: These fields are not reported to the Federal Substance Abuse and Mental Health Administration.

TRANS: Only the Transaction Type field has this code and its properties are described in the definition of this field.

NOTE: No blanks are allowed in the file except where specified above for the ADMIT, DISCH, TRANS fields, and for the client’s middle name.

Supplemental Definitions

Client: A person who meets all of the following criteria:

1. has an alcohol or drug related problem,
2. has completed the screening and intake process,
3. has been formally admitted for treatment or recovery service in an Alcohol or Drug Treatment unit operated or funded (fully or partially) by a State Alcohol or State Drug Authority, and
4. has his or her own client record.

If a person has only completed the assessment process and it is determined that he/she does not need treatment and therefore does not meet all of the above criteria of a client, the person can still be included as a TEDS admission but must have a code of “Assessment ONLY” in the *Service/Program Type*.

*(A person is **not** a client if he/she has only completed a screening or intake process or has been placed on a waiting list.)*

Service/Program Type: (Field #9) – the service that the client is admitted or transferred into.

Assessment Only: This code should be used if a person has only completed the assessment process (has not been formally admitted into substance abuse treatment) and it is determined that he/she does not need substance abuse treatment and therefore does not meet all of the criteria of a client. Remember that these individuals do not meet the federal definition of a client for TEDS reporting purposes.

Detoxification, 24-hour service, Hospital Inpatient: 24-hour per day medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV-D or Level III.7-D** which are as follows: 1) an organized service delivered by medical and nursing professionals that provides for 24-hour medically-directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Or, 2) an organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds

Detoxification, 24-hour service, Free-Standing Residential: 24-hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.2-D** which are as follows: an organized service delivered by appropriately trained staff, who provide 24-hour

supervision, observation and support for patients who are intoxicated or experiencing withdrawal.

Rehabilitation/Residential, Hospital (other than detoxification): 24 hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV** which are as follows: an organized service, staffed by designated addiction physicians or addiction credentialed clinicians and requires an interdisciplinary staff to care for patients whose acute biomedical, emotional or behavioral problems are severe enough to require primary medical and nursing services. Treatment is provided 24 hours a day, and the full resources of a general acute care hospital or psychiatric hospital are available.

Rehabilitation/Residential, Short Term: Typically 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.7 or Level III.5** which are as follows: Level III.7—an organized service, staffed by designated addiction treatment personnel or addiction-credentialed physicians, that provides a planned regimen of 24-hour professionally directed evaluation, care and treatment for addicted patients in an inpatient setting. Twenty-four hour observation, monitoring and treatment are available, however, the full resources of an acute care general hospital or a medically-managed inpatient treatment service system are not necessary. Level III.5—programs designed to address significant problems with living skills, that are accurately characterized by the intensity of the addiction treatment services and the highly structured program activity, where the resident's activities are prescribed 24 hours a day until the resident demonstrates specified treatment progress. With increased staff training and nursing supervision, programs at this level are able to address the medical needs of residents who have slightly more severe medical problems.

Rehabilitation/Residential, Long Term: Typically more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; this may include transitional living arrangements such as half way houses. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.1 or Level III.3** which are as follows: Level III.1—offers low-intensity professional addiction treatment services at least 5 hours a week. This level of care is best understood in its component parts. The professional addiction treatment services provided in this setting are low-intensity outpatient services focused on problems in applying recovery skills. The other component is a structured recovery environment, staffed 24 hours a day. Level III.3—provide a structured recovery environment in combination with medium-intensity professional clinical services to support and promote recovery. Services generally are considered to be of medium intensity and are presented at a

slower pace than in more intensive residential programs. Persons who are appropriately placed in this level of care are characterized by their need for a slower paced treatment presentation because of mental health problems or reduced cognitive functioning or the chronicity of their illness.

Ambulatory, Intensive Outpatient: As a minimum the client must receive treatment lasting two or more hours per day three or more days per week. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level II.5 or Level II.1** which are as follows: involves a structured day or evening treatment program that may be offered before or after work or school, in the evening or on a weekend. Programs have the capacity to arrange for medical and psychological consultation, psychopharmacological consultation and 24-hour crisis services. In addition, they have active affiliations with other levels of care and can assist in accessing clinically necessary “wraparound” support services such as child care, transportation and vocational training. Distinctions are made among various subtypes of Level II program as follows: Level II.5) Generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have ready access to psychiatric, medical and laboratory services. Level II.1) Generally provide nine or more hours of structured programming per week, consisting primarily of counseling and education around alcohol and other drug problems. The patient’s needs for psychiatric and medical services are addressed through consultation or referral arrangements. II.1 differs from II.5 in the intensity of clinical services that are directly available: specifically, II.1 has less capacity to effectively treat individuals who have substantial medical and psychiatric problems.

Ambulatory, Non-Intensive Outpatient: Treatment services including individual, family and/or group services; these may include pharmacological therapies. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level I** which are as follows: organized non-residential services, which may be delivered in a wide variety of settings. Addiction treatment personnel or addiction credentialed clinicians provides professionally directed evaluation, treatment and recovery services to persons with substance-related disorders. Such services are provided in regularly scheduled sessions of usually fewer than 9 contact hours a week.

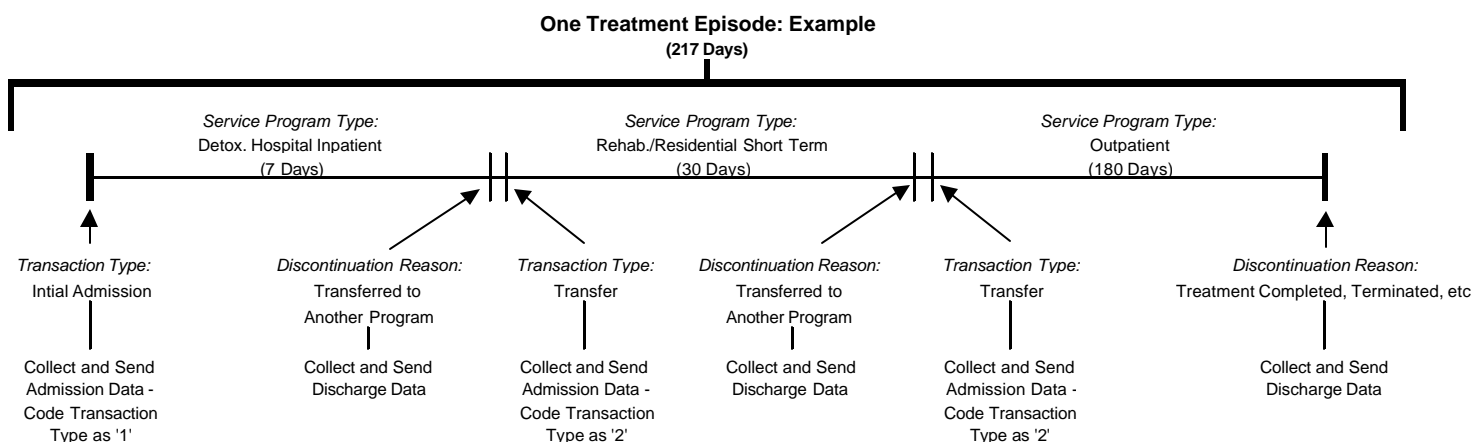
Ambulatory, Detoxification: Outpatient treatment services providing for safe withdrawal in an ambulatory setting – pharmacological or non-pharmacological. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level I-D, or Level II-D** which are as follows: 1) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient’s home, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Or 2) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment

facility, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Essential to this level of care is the availability of appropriately-credentialed and licensed nurses (R.N., L.P.N.) for monitoring of patients over a period of several hours each day of service.

Limited Treatment: If a provider of services would like to submit data to the State for clients who are receiving services they would define as “limited treatment,” the provider must submit a separate explanation or description of specifically what these services are. However, with the implementation of the new DUI curriculum, it will no longer be necessary or appropriate to report those clients under these services—we will be collecting information on those clients separately. It should also be noted, that any clients reported to the State under this service type will not be included in any statistical reports produced by the State.

Treatment Episode: the period of service between the initiation of substance abuse treatment services for a client with a drug or alcohol abuse or dependency problem and the termination of services for that client, where no significant break in services has occurred. There is only one initial admission per episode. Therefore, if a client in the midst of a single episode of treatment changes services/modalities or providers, this event is considered a “**transfer**” rather than a new initial admission. For example, a client who has been in detoxification may complete this level of service and be transferred to a residential setting within the same treatment episode. This transaction should be reported as a **transfer**, not a new initial admission. ***All required data elements are the same for admission and transfer records. The only difference is the coding of the transaction type.*** A treatment episode should be assumed to have ended, and the client officially discharged from the treatment episode (if not discharged already), if the client has not been seen in 5 days in the case of an inpatient or residential, 14 days in the case of day treatment and 60 days in the case of an intensive or general outpatient.

Clients returning for services after the elapsed time described need to be reported as an initial admission to a subsequent treatment episode.



Client Name Validation Rules:

TEDS file will have fields for the following parts of a name:

- ?? Last name
- ?? First name
- ?? Middle name

Naming Rules:

Names can be entered in either upper case, lower case, or a mix.

Spaces: Allowed in first and middle names. NOT allowed in last names.

Example: *Mc Donald* *should be entered as* *McDonald*
 De La Cruz *should be entered as* *DeLaCruz*
Example: *Le Ann Mary Ann Mc Cartney*
 Can be entered as:
 First: Le Ann
 Middle: Mary Ann
 Last: McCartney

Hyphens: Allowed in first, middle and last names. It is the only allowable punctuation character allowed.

Examples:

<i>(last name) Smith-Jones</i>	<i>should be entered as</i>	<i>Smith-Jones</i>
<i>(first name) Jo-Ann</i>	<i>should be entered as</i>	<i>Jo-Ann</i>
<i>(last name) O'Rilley</i>	<i>should be entered as</i>	<i>ORilley</i>
<i>(last name) St. James</i>	<i>should be entered as</i>	<i>StJames</i>
<i>(first name) D'Ann</i>	<i>should be entered as</i>	<i>DAnn or D Ann</i>

Numeric characters: Not allowed in any name

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field

Example: *J. Edgar Hoover*
 First name: J (no period)
 Middle name: Edgar
 Last Name: Hoover

Enter legal names rather than nicknames

Example: "Bill" should be entered as William
 "Bob" should be entered as Robert
 "C.J." should be entered as Carlos as a first name and James as the middle name

Titles, Prefixes, Suffixes: not allowed

Naming rules synopsis:

Character	Last Name	First and Middle Names
Alpha Characters	Allowed	Allowed
Hyphen	Allowed	Allowed
Spaces	Not Allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric Characters	Not allowed	Not allowed

Utah Division of Substance Abuse and Mental Health Client File Format for TEDS - FY2007

-	Name and Description	Allowed Values	Format	Definition	Code
1	RecordNo Record Number	1,2,..., (Number of Records)	number (10)	A sequential count of the records submitted each quarter. This field is NOT used to match records.	
2	provider_id Provider ID	Utnnnn	string (15)	Identifies the provider of the alcohol or drug treatment service, the provider's National Facility Register (NFR) number. Must begin with "UT."	KEY NOMS
3	client_id Client ID	Unique Client identifier	string (15)	An identifier that is from 1 to 15 alphanumeric characters and at a minimum is unique within the provider. The identifier: 1. Must NOT be reassigned to another client, 2. Can be meaningless, and 3. Must ensure confidentiality of client records - must not identify the client <i>4. An individual should not have more than one ID</i>	KEY NOMS
4	ssn Social Security Number	Client's SSN 999-99-9999=None 000-00-0000=Unknown	string (15)	The client's social security number.	KEY ADMIT STATE
5	medicaid_id Medicaid Number	Clients Medicaid ID Number 0000000097=Unknown 0000000098=Not Applicable	string (10)	The client's Medicaid number.	ADMIT STATE
6	depen_collat_ind Co-Dependent/ Collateral	1=Yes 2=No	number (1)	A person who has no alcohol or other drug abuse problem, but satisfies all of the following conditions: 1. Is seeking services because of problems arising from his/her relationship with an alcohol or drug abuser. 2. Has been formally admitted for service to a program. 3. Has his/her own client record.	ADMIT NOMS
7	trans_type_cd Transaction Type	1=Initial Admit (Beginning of Episode) 2=Transfer/Change in Service Blank=Discharge data only (Will not import any admission data)	number (1)	This tells if the client is being admitted as an "initial admit" (beginning of the treatment episode) or a "transfer" (change of service or provider) within an episode. Leave blank if discharge ONLY record (the error checker will ignore admission data, except key fields).	TRANS NOMS
8	admit_dt Date of Admission	Legal Date	mm/dd/yyyy	The month, day and year when the client receives his or her first direct treatment or recovery service. <i>This date must fall within the quarter for which data is being submitted.</i>	KEY ADMIT NOMS
9	service_prog_cd Service/Program Type	0=Assessment Only 1=Detox. Hospital Inpat. 2=Detox. Free Standing 3=Rehab/Res. Hospital 4=Rehab./Res. Short Term 5=Rehab./Res. Long Term 6=Amb. Intensive Outpatient 7=Amb. Outpatient 8=Amb. Detox. 9=Limited Treatment	number (1)	The service that the client is admitted or transferred into. See Supplemental Definitions for the definition of each service type.	ADMIT NOMS

#	Name and Description	Allowed Values	Format	Definition	Code
10	Previously, this was the Initial Diagnosis field, but diagnoses are now fields X through X. This field can be left blank or filled with an "Unknown" value.	Null 7 97 999.97			
11	prior_episode_id Number of Prior Treatment Episodes	0=0 Prior Treatments 1=1 Prior Treatment 2=2 Prior Treatments 3=3 Prior Treatments 4=4 Prior Treatments 5=5 or More Prior Treatments 7=Unknown	number (1)	The number of previous treatment episodes the client has received in any drug or alcohol program. Changes in service/modality during the same treatment episode should not be counted as separate episodes. Also, the count should not include episodes prior to 1/1/90.	ADMIT NOMS
12	referral_source_cd Source of Referral at Admission	1=Individual Includes Self 2=Alcohol/Drug Abuse Care Provider 3=Other Health Care Provider 4=School 5=Employer/EAP 6=Division of Workforce Services-Welfare 7=DCFS 8=Adult Court 9=Juvenile Court 10=Probation 11=Parole 12=Police 13=Prison 14=DUI/DWI 15=Other Community Referral 97=Unknown	number (2)	Describes the specific person or agency referring the client to the alcohol or drug treatment program. <u>Individual</u> (includes self-referral): Includes the client, a family member, friend or any other individual that would not be included in any of the following categories. Includes self-referral due to pending DWI/DUI. <u>Alcohol/Drug Abuse Care Provider</u> : Includes any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse programs, or a program whose activities are related to alcohol or drug abuse prevention, education or treatment. <u>Other Health Care Provider</u> : Includes a physician, psychiatrist, or other licensed health care professional; or general hospitals, psychiatric hospitals, mental health programs or nursing homes. <u>School</u> (Educational): Includes a principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency. <u>Employer/EAP</u> : Includes a supervisor or an employee counselor. <u>Adult Court</u> : include adult drug or dependency courts in this category. <u>Juvenile Court</u> : include juvenile drug courts in this category. <u>DUI/DWI</u> : referral by a court for DWI/DUI. <u>Other Community Referral</u> : Community and religious organizations or any federal, State or local agency that provides aid in the areas of poverty relief, unemployment, shelter or social welfare, that is not listed above. Self-help groups such as AA, Al-Anon, and NA are also included in this category.	ADMIT NOMS

#	Name and Description	Allowed Values	Format	Definition	Code
13	birth_dt Date of Birth	Legal Date 01/01/0007=Unknown	mm/dd/yyyy	The client's legal date birth. This field should only be coded as "unknown" (01/01/0007) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information.	ADMIT NOMS
14	gender_cd Gender	1=Male 2=Female	number (1)	Identifies the client's gender.	ADMIT NOMS
15	race_cd Race	1=Alaskan Native 2=American Indian 3=Asian 4=Native Hawaiian or Other Pacific Islander 5=Black/African American 6=White 7=Unknown 0=Other	number (1)	Indicates the client's race. If you don't distinguish between American Indian and Alaska Native, code both as American Indian. Clients of Hispanic ethnicity are typically coded as "White" in the racial category. <u>Alaska Native:</u> (Aleut, Eskimo, Indian) Origins in any of the original people of Alaska. <u>American Indian:</u> (Other than Alaska Native) Origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment. <u>Asian:</u> Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, Vietnam. <u>Native Hawaiian or Other Pacific Islander:</u> Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <u>Black or African American:</u> Origins in any of the black racial groups of Africa. <u>White:</u> Origins in any of the original people of Europe, North Africa or the Middle East. <u>Other:</u> A default category for use in instances in which the client is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.	ADMIT NOMS
16	ethnicity_cd Ethnicity	1=Puerto Rican 2=Mexican 3=Cuban 4=Other Hispanic 5=Not of Hispanic Origin 7=Unknown	number (1)	Identifies the specific Hispanic Origin. <u>Puerto Rican:</u> Of Puerto Rican origin regardless of race. <u>Mexican:</u> Of Mexican origin regardless of race. <u>Cuban:</u> Of Cuban origin regardless of race. <u>Other Specific Hispanic:</u> Of known or unknown Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.	ADMIT NOMS
17	marital_status_cd Marital Status	1=Never Married 2=Married 3=Separated 4=Divorced 5=Widowed 7=Unknown		Specifies the client's marital status. <u>Never Married:</u> Includes those whose only marriage was annulled. <u>Married:</u> Includes those living together as married. <u>Separated:</u> Includes those separated legally or otherwise absent from spouse because of marital discord.	ADMIT FED

#	Name and Description	Allowed Values	Format	Definition	Code
18	education_cd Education	0=Less than One Grade Completed 1-25=Years of School (Highest Grade) Completed (For GED use 12) 97=Unknown	number (2)	Specify the highest school grade the client has completed.	ADMIT NOMS
19	employment_cd Employment Status at Admission	1=Employed Full Time 2=Employed Part time 3=Unemployed 4=Homemaker 5=Student 6=Retired 7=Disabled 8=Inmate of an Institution 20=Other "Not In the Labor Force" 97Unknown	number (2)	Identifies the client's current employment status. <u>Employed Full Time</u> : Working 35 hours or more each week, including members of the uniformed service. <u>Employed Part Time</u> : Working fewer than 35 hours each week. <u>Unemployed</u> : Looking for work during the past 30 days or on layoff from a job. <u>Inmate of an institution</u> : Prison or an institution that keeps a person, otherwise able, from entering the labor force. <u>Other "Not in the Labor Force"</u> : Not looking for work during the past 30 days. <i>*If the client is employed and going to school, the employment code takes priority over the "Student" code. Field 62 indicates whether the client is enrolled in an education program.</i>	ADMIT NOMS
20	pri_substance_cd Substance Code Primary at Admission	1=None 2=Alcohol 3=Cocaine/Crack 4=Marijuana/Hashish 5=Heroin 6=Non-Prescription Methadone 7=Other Opiates/Synthetics 8=PCP 9=Other Hallucinogens 10=Methamphetamine 11=Other Amphetamines 12=Other Stimulants 13=Other Benzodiazepines 14=Other Tranquilizers 15=Barbiturates 16=Other Sedatives/Hypnotic 17=Inhalants 18=Over the Counter 30=Oxycodone (Oxycotin, Percocet) 31=LSD 32=Methylphenidate (Ritalin) 33=Alprazolam (Xanax) 34=Diazepam (Valium) <i>(continued on next page)</i>	number (2)	Identifies the client's primary substance problem. This field can only be coded as "unknown" (97) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information. This field must be coded as "none" (1) if and only if the client was admitted as co-dependent/collateral.	ADMIT NOMS

#	Name and Description	Allowed Values	Format	Definition	Code
		(continued from previous page) 35=Lorazepam (Ativan) 36=Hydrocodone (Vicodin, Lortab) 37=Morphine (ms contin) 38=MDMA (Ecstasy) 39=Rohypnol 40=GHB/GBL 41=Ketamine (Special K) 42=Clonazepam (Klonopin, Rivotril) 20=Other 97=Unknown			
21	sec_substance_cd Substance Code Secondary at Admission	Same as Field 20	number (2)	Identifies the client's second substance problem and should not be coded the same as the Primary Substance Code.	ADMIT NOMS
22	ter_substance_cd Substance Code Primary at Admission	Same as Field 20	number (2)	Identifies the client's third substance problem and should not be coded the same as the Primary or Secondary Codes.	ADMIT NOMS
23	pri_admin_route_cd Route of Administration- Primary	0=Other 1=Oral (Swallowed) 2=Smoking 3=Inhalation (Fumes) 4=Iv Injection 5=Non-Iv Injection 6=Nasal (Snorted, Sniffed) 7=Unknown 8=Not Applicable	number (1)	The way the client usually administers his/her primary substance of abuse. This field should be coded as "unknown" (7) only if the client's <i>Substance Code Primary at Admission</i> was also coded as "unknown" (97). This field must be coded as "not applicable" (8) if and only if the client's <i>Substance Code Primary at Admission</i> was coded as "none" (1).	ADMIT NOMS
24	sec_admin_route_cd Route of Administration- Secondary	Same as field 23	number (1)	The same as Route of Administration – Primary, but for the client's secondary substance.	ADMIT NOMS
25	ter_admin_route_cd Route of Administration- Tertiary	Same as field 23	number (1)	The same as Route of Administration – Primary, but for the client's tertiary substance.	ADMIT NOMS
26	pri_frequency_use_cd Frequency of Use - Primary at Admission	1=No Use During Last 30 Days 2=1-3 Times During Last 30 Days 3=1-2 Times Per Week During Last 30 Days 4=3-6 Times Per Week During Last 30 Days 5=Daily Use During Last 30 Days 7=Unknown 8=Not Applicable	number (1)	Identifies the approximate number of times the primary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field should be coded as "unknown" (7) only if the client's <i>Substance Code Primary at Admission</i> was also coded as "unknown" (97). This field must be coded as "not applicable" (8) if and only if the client's <i>Substance Code Primary at Admission</i> was coded as "none" (1).	ADMIT NOMS

#	Name and Description	Allowed Values	Format	Definition	Code
27	sec_frequency_use_cd Frequency of Use - Secondary at Admission	Same as field 26	number (1)	Identifies the approximate number of times the secondary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field must be coded as "not applicable" (8) if and only if the client's <i>Substance Code Secondary at Admission</i> was coded as "none" (1).	ADMIT NOMS
28	ter_frequency_use_cd Frequency of Use - Tertiary at Admission	Same as field 26	number (1)	Identifies the approximate number of times the secondary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field must be coded as "not applicable" (8) if and only if the client's <i>Substance Code Tertiary at Admission</i> was coded as "none" (1).	ADMIT NOMS
29	pri_first_use_age Age of First Use - Primary	0-96=Age 97=Unknown 98=Not Applicable	number (2)	For drugs other than alcohol, this field identifies the first voluntary use of the substance in the corresponding primary substance of abuse. For alcohol as the primary substance, it is the age of first intoxication. This field should be coded as "unknown" (97) if the client's <i>Substance Code Primary at Admission</i> was also coded as "unknown" (97). This field must be coded as "not applicable" (98) if and only if the client's <i>Substance Code Primary at Admission</i> was coded as "none" (1).	ADMIT NOMS
30	sec_first_use_age Age of First Use - Secondary	Same as field 29	number (2)	The same as the Age of First Use – Primary, but for the secondary substance of abuse.	ADMIT NOMS
31	ter_first_use_age Age of First Use - Tertiary	Same as field 29	number (2)	The same as the Age of First Use – Primary, but for the tertiary substance of abuse.	ADMIT NOMS
32	living_arrangment_cd	1=Homeless 2=Dependent 3=Independent 7=Unknown	number (1)	Specifies if the client is homeless, living with parents or in a supervised setting, or living on his or her own. <u>Homeless</u> : No fixed address, including shelters. <u>Dependent</u> : Clients living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care. <u>Independent</u> : Clients living alone or with others without supervision. *Use the patient's living status immediately prior to entering treatment UNLESS the patient is incarcerated and has been in the unit of incarceration for less than 30 days when he/she is admitted into treatment, in which case the living status immediately prior to being incarcerated should be used. If the patient has been incarcerated for 30 days or longer upon being entered into treatment, the Dependent code should be used. *If the patient is in a Dependent setting immediately prior to entering treatment, code them as Dependent even if he/she has a place of Independent residence. *A patient may be coded as Homeless at admission even if he/she is entering treatment immediately after being discharged (continued on next page)	ADMIT NOMS

#	Name and Description	Allowed Values	Format	Definition	Code
				(continued from previous page) from a subsequent modality of treatment in a dependent setting and/or being released from a unit of incarceration. Even though the patient may have come from a Dependent setting, he/she may not have a fixed address at the point of admission.	
33	primary_income_cd Primary Source of Income	1=Legal Employment, Wages and Salary 2=Welfare, Public Assistance 3=Pension, Retirement Benefits, Social Security 4=Disability, Worker's Compensation 5=Other 6=None 7=Unknown	number (1)	Identifies the client's principal source of financial support. For children under 18, this field indicates the parent's primary source of income/support.	ADMIT FED
34	health_insurance_code Health Insurance	1=Private Insurance 2=Blue Cross/ Blue Shield 3=Medicare 4=Medicaid 5=HMO 6=Other (Champus) 7=Unknown 8=None 9=CHIP	number (1)	Specifies the client's health insurance. The insurance may or may not cover alcohol or drug treatment.	ADMIT FED
35	payment_source_cd Expected Source of Payment	1=Self Pay 2=Blue Cross/ Blue Shield 3=Medicare 4=Medicaid 5=Other Government Payments 6=Worker's Compensation 7=Other Health Insurance Co. 8=No Charge/Free/Charity 9=CHIP 10=CIAO 11=Drug Court 20=Other 97=Unknown	number (2)	Identifies the primary source of payment for the current treatment event/modality. Those clients operating under a split payment fee arrangement between multiple payment sources are to default to the payment source with the largest percentage. When the payment percentages are equal, either one can be selected.	ADMIT FED
36	methadone_ind Opiod Replacment Therapy	1=Yes 2=No 7=Unknown	number (1)	Identifies the planned or actual use of methadone, LAAM, Buprenorphine or other opioid replacement therapy as part of the client's treatment plan.	ADMIT NOMS
37	pregnant_ind Pregnant at Time of Admission	1=Yes 2=No 7=Unknown	number (1)	Identifies whether or not the client is pregnant at admission. Only females may be codes as pregnant.	ADMIT FED

#	Name and Description	Allowed Values	Format	Definition	Code
38	psychiatric_ind Psychiatric Problem	1=Yes 2=No 7=Unknown	number (1)	Identifies whether the client has a psychiatric problem (a DSM Axis I or II Diagnosis) in addition to his/her alcohol or drug use problem.	ADMIT FED
39	wait_days_nbr Time Waiting to Enter Treatment	0-996=Number of Days 997=Unknown	number (3)	Indicates the number of days from the first contact or request for service until the client was admitted and the first clinical service was available.	ADMIT FED
40	children_nbr Number of Children	0-96=Number of Children 97=Unknown	number (2)	Specifies the number of children, age 17 or less, birth or adopted. The children may or may not live with the client.	ADMIT STATE
41	criminal_justice_nbr Number of Arrests at Admission	0-96=Number of Arrests 97=Unknown	number (2)	<i>This item is intended to capture the number of times the client was arrested for any cause during the 30 days PRECEDING the date of admission to treatment. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. (Data was previously collected for the six months prior to admission. NOMS asks for 30 days.)</i>	ADMIT NOMS
42	last_contact_dt Date of Last Client Contact	Legal Date	mm/dd/yyyy	The month, day and year when the client is last seen, physically, for a treatment service. The date may be the same date as the date of discharge but should not occur after the date of discharge.	DISCH NOMS
43	discon_dt Date of Client Discontinuation/ Discharge	Legal Date	mm/dd/yyyy	The month, day and year when the client was formally discharged from the treatment facility or service. The date may be the same as the date of last client contact. In the event of a change of service or provider within an episode of treatment, it is the date the service terminated or the date the treatment for this service ended at a particular provider. Unless extenuating circumstances exist, a client should be automatically discharged if the client has not been seen in 5 days in the case of inpatient or residential treatment, 14 days in the case of day treatment and 60 days in the case of outpatient or intensive outpatient. <i>This date must fall within the quarter for which data is being submitted.</i>	DISCH NOMS
44	discharge_reason_cd Discontinuation Reason	1=Treatment Completed 2=Left against professional advice (drop out) 3=Terminated by the facility 4=Transferred to another substance abuse treatment program or service/program type 5=Incarcerated 6=Died 7=Other	number (1)	Indicates the outcome of treatment, the reason for transfer or discontinuance of treatment. <u>Treatment completed:</u> The client has completed his/her treatment episode . In most cases, this should mean that the client has completed at least 75% of their treatment objectives. <u>Terminated by facility:</u> The client was discharged due to facility rule violations, AWOL, criminal behavior, etc. <u>Transferred to another substance abuse treatment program or facility:</u> This code is to be used for all clients who have a change of service or provider within an episode of treatment. This would include a change in modality of service (change to a higher or lower level of care) or a lateral-step due to program expertise.	DISCH NOMS

#	Name and Description	Allowed Values	Format	Definition	Code
45	dis_employment_cd	1=Employed Full Time 2=Employed Part time 3=Unemployed 4=Homemaker 5=Student 6=Retired 7=Disabled 8=Inmate of an Institution 20=Other "Not In the Labor Force" 97Unknown	number (2)	Applies to expected employment status upon leaving treatment. <u>Employed Full Time</u> : Working 35 hours or more each week, including members of the uniformed service. <u>Employed Part Time</u> : Working fewer than 35 hours each week. <u>Unemployed</u> : Looking for work during the past 30 days or on layoff from a job. <u>Inmate of an institution</u> : Prison or an institution that keeps a person, otherwise able, from entering the labor force. <u>Other "Not in the Labor Force"</u> : Not looking for work during the past 30 days.	DISCH NOMS
46	dis_pri_substance_cd Substance Code Primary at Discharge	1=None 2=Alcohol 3=Cocaine/Crack 4=Marijuana/Hashish 5=Heroin 6=Non-Prescription Methadone 7=Other Opiates/Synthetics 8=PCP 9=Other Hallucinogens 10=Methamphetamine 11=Other Amphetamines 12=Other Stimulants 13=Other Benzodiazepines 14=Other Tranquilizers 15=Barbiturates 16=Other Sedatives/Hypnotic 17=Inhalants 18=Over the Counter 30=Oxycodone (Oxycotin, Percocet) 31=LSD 32=Methylphenidate (Ritalin) 33=Alprazolam (Xanax) 34=Diazepam (Valium) 35=Lorazepam (Ativan) 36=Hydrocodone (Vicodin, Lortab) 37=Morphine (ms contin) 38=MDMA (Ecstasy) 39=Rohypnol 40=GHB/GBL 41=Ketamine (Special K) 42=Clonazepam (Klonopin, Rivotril) 20=Other 97=Unknown	number (2)	<i>Identifies the client's primary substance problem at discharge and should not be coded the same as the Primary Substance Code.</i> <i>This does not need to match the primary substance reported at admission. It should reflect the actual status at discharge.</i>	DISCH NOMS

#	Name and Description	Allowed Values	Format	Definition	Code
47	dis_sec_substance_cd Substance Code Secondary at Discharge	Same as Field 46	number (2)	Same as Substance Code Primary at Discharge, but for the secondary substance. <i>This does not need to match the secondary substance reported at admission. It should reflect the actual status at discharge. This should not be the same as the Primary Substance Code at Discharge.</i>	DISCH NOMS
48	dis_pri_frequency_use_cd Frequency of Use - Primary at Discharge	1=No Use During Last 30 Days 2=1-3 Times During Last 30 Days 3=1-2 Times Per Week During Last 30 Days 4=3-6 Times Per Week During Last 30 Days 5=Daily Use During Last 30 Days 7=Unknown 8=Not Applicable	number (1)	Identifies the approximate number of times the primary substance of abuse was used in the month prior to discharge. Response can be deduced based on the last known status of the client while in treatment.	DISCH NOMS
49	dis_sec_frequency_use_cd Frequency of Use - Secondary at Discharge	Same as Field 48	number (1)	Same as Frequency of Use - Primary at Discharge, but for the secondary substance.	DISCH NOMS
50	dis_living_arrangement_cd Living Arrangement at Discharge	1=Homeless 2=Dependent 3=Independent 7=Unknown	number (1)	Expected living arrangements after discharge. Response can be deduced based on the last known status of the client while in treatment. <u>Homeless</u> : No fixed address, including shelters. <u>Dependent</u> : Clients living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care. <u>Independent</u> : Clients living alone or with others without supervision. *The patient should be coded as Dependent if he/she is going into a Dependent setting (including a unit of incarceration) upon being discharged even if he/she has a place of independent residence.	DISCH NOMS
51	dis_criminal_justice_nbr Number of Arrests at Discharge	0-996=Number of Arrests 97=Unknown 997=Unknown <i>This field was previously three characters. Only two are needed now, but either two or three are acceptable to avoid making changes to LSAA data systems.</i>	number (3)	<i>This item is intended to capture the number of times the client was arrested for any cause during the 30 days PRECEDING the date of discharge from treatment. For clients whose treatment lasted less than 30 days, count arrests only back to the date of admission. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of discharge. (Data was previously collected for the period between admission and discharge, regardless of the duration. NOMS asks for 30 days.)</i>	DISCH NOMS

#	Name and Description	Allowed Values	Format	Definition	Code
52	drug_court_cd Drug Court Participation	1=Adult Drug Court 2=Juvenile Drug Court 3=Dependency/Family Drug Court 4=Administrative Drug Board 97=Unknown 98=Not Applicable	number (2)	This field is to track the clients who are involved in drug court in some way. <u>Adult Drug Court:</u> clients that are participating in an Adult Drug Court (felony or misdemeanor). <u>Dependency/Family Drug Court:</u> clients that are participating in a Dependency Drug Court. <u>Administrative Drug Board:</u> for Weber and Davis County Parolee's only. <u>Unknown:</u> this is for clients that for some reason it is not known whether they are involved in Drug Court or not. <u>Not Applicable:</u> this is used for clients who are not associated with drug court.	ADMIT STATE
53	tobacco_use Tobacco Use	1=Never Used 2=Have Used/Not Current User 3=Occasional User (Less than one cigarette a day) 4=Regular User (Less than two packs a day) 5=Heavy User (Two or more packs a day) 6=Use Smokeless Tobacco Only (In last 30 days) 97Unknown	number (2)	This field is used to track the tobacco (both cigarettes and smokeless tobacco products) usage of treatment clients. If clients use both Cigarettes and Smokeless Tobacco only keep track of the Frequency of Cigarette use. If they only use smokeless tobacco then use the corresponding code. <u>Never Used:</u> for clients that have never used any tobacco products. <u>Have Used/Not Current User:</u> clients that have used any tobacco product in the past, but have not used in the past thirty days. <u>Occasional User (Less than one cigarette a day):</u> clients that smoke less than one cigarette a day. <u>Regular User (Less than two packs a day):</u> clients that smoke more than one cigarette a day but less than two packs a day. <u>Heavy User (Two of more packs a day):</u> clients that smoke two or more packs of cigarettes a day. <u>Use Smokeless Tobacco Only:</u> clients that do not smoke cigarettes, but have used smokeless tobacco in the last thirty days. <u>Unknown:</u> for some reason the client does not know whether they have ever used tobacco.	ADMIT STATE
54	tobacco_age Age of First Use of Tobacco	0-96=Age 97=Unknown 98=Not Applicable	number (2)	This is to collect the age of first use of tobacco for those clients that have ever used tobacco products, including clients that are current users of tobacco products. <u>Age:</u> the codes from 0 to 96 will be allowed for the age that the client first started using any tobacco product. <u>Unknown:</u> this is for clients who for some reason do not know the age when they first started using any tobacco products. <u>Not Applicable:</u> This is the code that will also be used for those clients that never have used tobacco and thus don't have an age of first use.	ADMIT STATE
55	last_name Client Last Name	Last Name of Client 97=Unknown	string (20)	The last name of the client. Please limit the last name to 20 letters. Any names exceeding 20 letters will be reduced in the State database to the first twenty letters. <i>Please see the Supplemental Defintions for more details.</i>	ADMIT STATE

#	Name and Description	Allowed Values	Format	Definition	Code
56	first_name Client First Name	First Name of Client 97=Unknown	string (20)	The first name of the client. Please limit the first name to 20 letters. Any names exceeding 20 letters will be reduced in the State database to the first twenty letters. <i>Please see the Supplemental Definitions for more details.</i>	ADMIT STATE
57	mid_name Client Middle Name	Middle Name of Client	string (20)	Middle name of the client. If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed. <i>Please see the Supplemental Definitions for more details.</i>	ADMIT STATE
58	family_size Number of Persons in Client's Household	1-9=Number of Persons 10=More than 9 persons in client's household 97=Unknown	number (2)	The total number of persons in the client's legal family with whom he/she lives, including the client . *The following should be including: parents, children, stepchildren, step-parents, siblings, half-siblings, step-siblings, children in court-ordered custody, and cohabitating partners. The following should be included IF they are dependent upon the household income: grandparents, step-grandparents, grandchildren, step-grandchildren, aunts, uncles, and cousins.	ADMIT STATE
59	family_income Client's household income	Monthly Gross Income 97=Unknown	number (6)	Total of all legal monthly income for the household in which the client lives and is legally a part of. For adolescent clients, include parents'/guardians' income. Do not use commas, decimals, or dollar signs (\$). <i>For example, \$100.00 should be "100", not "100.00" or "10000".</i>	ADMIT STATE
60	dis_ter_substance_cd Substance Code Tertiary at Discharge	Same as Field 46 NEW FIELD	number (2)	Same as Substance Code Primary at Discharge, but for the tertiary substance. <i>This does not need to match the secondary substance reported at admission. It should reflect the actual status at discharge. This should not be the same as the Primary or Secondary Substance Codes at Discharge.</i>	DISCH NOMS
61	dis_ter_frequency_use_cd Frequency of Use - Tertiary at Discharge	Same as Field 48 NEW FIELD	number (1)	Same as Frequency of Use - Primary at Discharge, but for the tertiary substance.	DISCH NOMS
62	enrolled_ed Enrolled in education at admission	1=Yes 2=No 7=Unknown NEW FIELD	number (1)	Indicates whether the client is enrolled in an education program at the time of admission. This field needs to be built as a drop-down list so it can be expanded in the future without major database changes.	ADMIT STATE
63	dis_enrolled_ed Enrolled in education at discharge	1=Yes 2=No 7=Unknown NEW FIELD	number (1)	Indicates whether the client is enrolled in an education program at the time of discharge. This field needs to be built as a drop-down list so it can be expanded in the future without major database changes.	DISCH STATE
64	DiagA1 Axis I Diagnosis 1	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
65	DiagA1_Date Date DiagA1 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
66	DiagA2 Axis I Diagnosis 2	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
67	DiagA2_Date Date DiagA2 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE

#	Name and Description	Allowed Values	Format	Definition	Code
68	DiagA3 Axis I Diagnosis 3	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
69	DiagA3_Date Date DiagA3 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
70	DiagA4 Axis I Diagnosis 4	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
71	DiagA4_Date Date DiagA4 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
72	DiagA5 Axis I Diagnosis 5	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
73	DiagA5_Date Date DiagA5 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
74	DiagB1 Axis II Diagnosis 1	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
75	DiagB1_Date Date DiagB1 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
76	DiagB2 Axis II Diagnosis 2	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
77	DiagB2_Date Date DiagB2 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
78	DiagB3 Axis II Diagnosis 3	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
79	DiagB3_Date Date DiagB3 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
80	DiagA1_dis Axis I Diagnosis 1	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
81	DiagA1_dis_Date Date DiagA1 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
82	DiagA2_dis Axis I Diagnosis 2	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
83	DiagA2_dis_Date Date DiagA2 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
84	DiagA3_dis Axis I Diagnosis 3	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
85	DiagA3_dis_Date Date DiagA3 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
86	DiagA4_dis Axis I Diagnosis 4	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
87	DiagA4_dis_Date Date DiagA4 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
88	DiagA5_dis Axis I Diagnosis 5	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
89	DiagA5_dis_Date Date DiagA5 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
90	DiagB1_dis Axis II Diagnosis 1	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE
91	DiagB1_dis_Date Date DiagB1 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
92	DiagB2_dis Axis II Diagnosis 2	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE

#	Name and Description	Allowed Values	Format	Definition	Code
93	DiagB2_dis_Date Date DiagB2 was given	<i>NEW FIELD</i>	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE
94	DiagB3_dis Axis II Diagnosis 3	DSM IV Code <i>NEW FIELD</i>	XNN.NN		ADMIT STATE
95	DiagB3_dis_Date Date DiagB3 was given	<i>NEW FIELD</i>	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE

STANDARD HEADER FILE FOR ALL OUTCOME/CONSUMER SATISFACTION SUBMISSIONS

Submission must be in comma-delimited format. All header information should appear as the first record of the submission file. The data file begins as record 2. For example, on the first line the header information might appear as follows: 11,2,13,1 (SJ, Time 2, YSS-Family, raw data)

Field	Field Name	Description	Codes/Allowed Values	Field Length	Format	Required	Example	Notes
1	CenterID	Center ID number	1= Bear River–BR 2= Weber–WB 3= Davis–DV 4= Valley –VL 6= Wasatch–WS 7=Central –CU 8 =Southwest–SW 9= Northeastern–NE 10= Four Corners-FC 11= San Juan-SJ 12= State Hospital	2	n	Yes	8	
2	Filecode	Signifies Time 1 or Time 2	1 =Time 1 data 2 =Time 2 data	1	n	Yes	1	
3	Formcode	Code to identify instrument being submitted	1=GWBPLUS 8=Y-OQ ^R -30.1 Parent) 9=Y-OQ ^R -30.1 Youth 13=YSS-F Parent 14=YSS Youth	2	N	Yes	13	
4	DataType	Type of data submitted	1= Raw data 2 =All data scored and recoded	1	N	Yes	1	If data are recoded <u>all</u> data must be recoded

UTAH PUBLIC MENTAL HEALTH OUTCOME SYSTEM GWBPLUS Time 1 Submission Format (Data submission begins as record number 2 of the submission file following the header information)								Page 1 of 1
Field#	Field Name	Description	Codes/Allowed Values	Field Length	Format	Required	Example	Notes
1	RecordNo	Sequential Record Number	1,2.....N Records	10	n...n	Yes	1	Each record must have a sequential number beginning with 1.
2	Clientid	ID for Client		15	Text, string or alpha-numeric	Yes	056822	ID number must be consistent across file submissions
3	Datet1	Date of Time 1 administration	Legal Date	10	mm/dd/yyyy	Yes	10/23/2000	Use four digits for year
4	GWB1	Item 1	1-6	1	n	Yes	1	
5	GWB2	Item 2	1-6	1	n	Yes	1	
6	GWB3	Item 3	1-6	1	n	Yes	1	
7	GWB4	Item 4	1-6	1	n	Yes	1	
8	GWB5	Item 5	1-6	1	n	Yes	1	
9	GWB6	Item 6	1-6	1	n	Yes	1	
10	GWB7	Item 7	1-6	1	n	Yes	1	
11	GWB8	Item 8	1-6	1	n	Yes	1	
12	GWB9	Item 9	1-6	1	n	Yes	1	
13	GWB10	Item 10	1-6	1	n	Yes	1	
14	SAGWB11	Item 11	1-7	1	n	Yes	7	
15	SAGWB12	Item 12	1-6	1	n	Yes	6	
16	SAGWB13	Item 13	1-8	1	n	Yes	8	
17	SAGWB14	Item 14	1-9	1	n	Yes	9	
18	SAGWB15	Item 15	1-7	1	n	Yes	7	
19	GWB16	Item 16	1-6	1	n	Yes	1	Access question

UTAH PUBLIC MENTAL HEALTH OUTCOME SYSTEM								Page 1 of 2
GWBPLUS Time 2 Submission Format (Data submission begins as record number 2 of the submission file following the header information)								
Field#	Field Name	Description	Codes/Allowed Values	Field Length	Format	Required	Example	Notes
1	RecordNo	Sequential Record Number	1,2.....N Records	10	n...n	Yes	1	Each record must have a sequential number beginning with 1.
2	ClientID	ID for Client	Varies by Center	15	Text, string or alpha-numeric	Yes	056822	ID number must be consistent across file submissions
3	Datet2	Date of Time 2 administration	Legal Date	10	mm/dd/yyyy	Yes	10/23/2000	Use four digits for year
4	GWB1	Item 1	1-6	1	n	Yes	1	
5	GWB2	Item 2	1-6	1	n	Yes	1	
6	GWB3	Item 3	1-6	1	n	Yes	1	
7	GWB4	Item 4	1-6	1	n	Yes	1	
8	GWB5	Item 5	1-6	1	n	Yes	1	
9	GWB6	Item 6	1-6	1	n	Yes	1	
10	GWB7	Item 7	1-6	1	n	Yes	1	
11	GWB8	Item 8	1-6	1	n	Yes	1	
12	GWB9	Item 9	1-6	1	n	Yes	1	
13	GWB10	Item 10	1-6	1	n	Yes	1	
14	SAGWB11	Item 11	1-7	1	n	Yes	7	
15	SAGWB12	Item 12	1-6	1	n	Yes	1	
16	SAGWB13	Item 13	1-8	1	n	Yes	8	
17	SAGWB14	Item 14	1-9	1	n	Yes	9	
18	SAGWB15	Item 15	1-7	1	n	Yes	7	

UTAH PUBLIC MENTAL HEALTH OUTCOME SYSTEM								Page 1 of 1
Y-OQ ^R -30-1 Time 1 (Data submission begins as record number 2 of the submission file following the header information)								
Field#	Field Name	Description	Codes/Allowed Values	Field Length	Format	Required	Example	Notes
1	RecordNo	Sequential Record Number	1,2.....N Records	10	n...n	Yes	1	Each record must have a sequential number beginning with 1.
2	ClientID	ID for Client	Varies by Center	15	Text, string or alpha-numeric	Yes	056822	ID number must be consistent across file submissions
3	Datet1	Date of time 1 administration	Legal Date	10	mm/dd/yyyy	Yes	01/03/2003	Use four digits for year
4	YOQScore	Total Score ranging from 0-120	0-120	3	n...n	Yes	78	Sum items to obtain total score. Do not report leading zeroes. Keep instrument in chart for clinical use.
5	Rater	Person doing the rating	1 Adolescent 2 Parent/guardian 3 Foster Parent 4 Clinician 5 Other	1	n	Yes	2	A parent/guardian or other rates children under 12 years of age
6	Administration	Form completion	1 In-clinic 2 Day treatment or 24- hour setting 3 Mail-out	1	n	Yes	1	Rarely would a time one administration be returned by mail

UTAH PUBLIC MENTAL HEALTH OUTCOME SYSTEM								Page 1 of 1
Y-OQ ^R -30-1 Time 2 or later (Data submission begins as record number 2 of the submission file following the header information)								
Field#	Field Name	Description	Codes/Allowed Values	Field Length	Format	Required	Example	Notes
1	RecordNo	Sequential Record Number	1,2.....N Records	10	n...n	Yes	1	Each record must have a sequential number beginning with 1.
2	ClientID	ID for Client	Varies by Center	15	Text, string or alpha-numeric	Yes	056822	ID number must be consistent across file submissions
3	Datet1	Date of time 2 or later administration	Legal Date	10	mm/dd/yyyy	Yes	07/03/2003	Use four digits for year
4	YOQScore	Total Score ranging from 0-120	0-120	3	n...n	Yes	78	Sum items to obtain total score. Do not report leading zeroes. Keep instrument in chart for clinical use.
5	Rater	Person doing the rating	1 Adolescent 2 Parent/guardian 3 Foster Parent 4 Clinician 5 Other	1	n	Yes	2	A parent/guardian or other rates children under 12 years of age
6	Administration	Form completion	1 In-clinic 2 Day treatment or 24- hour setting 3 Mail-out	1	n	Yes	1	Time 2 is completed between 45-60 days following intake; 6-mo. administrations are completed every 6 mos. following intake.

PREVENTION SERVICES FOR XYZ JULY 2005

AREA SERVICE PLAN															
*SERVICE															
Total Number of Sessions															
Total Number of Session Hours															
DEMOGRAPHICS															
GENDER															
Males															
Females															
AGE GROUP															
Under 4															
5-11															
12-14															
15-17															
18-20															
21-24															
25-44															
45-64															
Over 64															
RACE															
White															
Black/African Am.															
Am. Indian/Alaskan															
Asian															
Hawaiian/Pacific Is.															
Multi-Racial															
ETHNICITY															
Non-Hispanic															
Hispanic/Latino															
UNITS BILLED															
TOTAL UNITS															
* Service descriptions must be on the approved list - refer to sheet2, PATS system, or DSAMH web site															
DSAMH Prevention Reporting Sheet - revision 1.0 - 9/14/05															

Other Documents Available Upon Request

First request [by letter] to adult client to complete Consumer Self Assessment (GWBPLUS)

Second request [by letter] to adult client to complete Consumer Self Assessment (GWBPLUS)

Follow-up letter to adult client contacted by phone to complete Consumer Self Assessment (GWBPLUS)

First request [by letter] to complete the Y-OQ^R-30.1 (parents and youth)

Second request [by letter] to complete the Y-OQ^R-30.1 (parents and youth)

First Request [by letter] to complete the Youth Services Survey (parents and youth)

Second Request [by letter] to completed Youth Services Survey (parents and youth)

Department of Human Services, Institutional Review Board (IRB) Policy and Procedures
http://www.dhs.utah.gov/pol_reports.htm

(The IRB was established to protect the rights of human research subjects)

*Division of Substance Abuse and Mental Health, Protected Health Information Staff Agreement

*Division of Substance Abuse and Mental Health, Protected Health Information Local Authority Agreement

*Division of Substance Abuse and Mental Health, Protected Health Information Electronic Systems Access and Control Policy.

*State of Utah Secure Email System

*SAMHIS System Overview, SAMHIS Architectural Design, SAMHIS Project Scope

*OQ- AHS Hosted Solution Overview V01 2006FEB03

*Utah State OQA-HS Executive Summary V09 2006JAN19

*OQ- AHS - WSI Summary V03 2005FEB12

*OQ- AHS - Client Equipment and Hardware Specifications

*new documents for fiscal year 2006